

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, March 29, 2019 at the hour of 9:00 A.M. at 1950 West Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Acting Chair Thomas called the meeting to order.

Present: Acting Chair Sidney A. Thomas, MSW, Chair M. Hill Hammock and Directors Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Ada Mary Gugenheim; Mike Koetting; Heather M. Prendergast, MD, MS, MPH; Robert G. Reiter, Jr.; and Layla P. Suleiman Gonzalez, PhD, JD (9)

Telephonically

Present: Vice Chair Mary B. Richardson-Lowry (1)

Absent: Director David Ernesto Munar (1)

Director Deer, seconded by Director Suleiman Gonzalez, moved to allow Director Richardson-Lowry to telephonically participate in the meeting as a voting member. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Ekerete Akpan – Chief Financial Officer
Cathy Bodnar – Chief Corporate Compliance and Privacy Officer
Debra Carey – Deputy Chief Executive Officer, Operations
Claudia Fegan, MD – Chief Medical Officer
Charles Jones – Chief Procurement Officer

James Kiamos – Chief Executive Officer, CountyCare
Jeff McCutchan –General Counsel
Barbara Pryor – Chief Human Resources Officer
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer
Ronald Wyatt, MD – Chief Quality Officer

II. Employee Recognition

Dr. John Jay Shannon, Chief Executive Officer, recognized employees for outstanding achievements. Details and further information is included in Attachment #9 - Report from the Chief Executive Officer.

III. Public Speakers

Acting Chair Thomas asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speakers:

1. Jim Lee UNITE HERE Local 1, representing Marriott Medical District workers
2. Patricia Jackson UNITE HERE Local 1, representing Marriott Medical District workers
3. Carlos Martinez UNITE HERE Local 1, representing Marriott Medical District workers
4. Marcos Feldman UNITE HERE Local 1, representing Marriott Medical District workers
5. Martese Chism Representative, National Nurses' Organizing Committee (written testimony only – included as Attachment #1)
6. George Blakemore Concerned Citizen

IV. Election of Vice Chair

This item was taken out of order and was considered later in the meeting.

Chair Hammock, seconded by Director Deer, moved to elect Director Richardson-Lowry as Vice Chair of the CCHHS Board of Directors. THE MOTION CARRIED UNANIMOUSLY.

V. Board and Committee Reports

A. Minutes of the Special Board of Directors Meeting, February 27, 2019

Vice Chair Richardson-Lowry, seconded by Director Driscoll, moved the approval of the Minutes of the Board of Directors Special Meeting of February 27, 2019. THE MOTION CARRIED UNANIMOUSLY.

B. Minutes of the Board of Directors Meeting, February 28, 2019

Director Deer, seconded by Vice Chair Richardson-Lowry, moved the approval of the Minutes of the Board of Directors Meeting of February 28, 2019. THE MOTION CARRIED UNANIMOUSLY.

C. Human Resources Committee

i. Metrics (Attachment #2)

Vice Chair Richardson-Lowry and Barbara Pryor, Chief Human Resources Officer, provided an overview of the metrics. The Board reviewed and discussed the information.

With regard to the Time to Hire measure, Vice Chair Richardson-Lowry requested that the Committee spend some time reviewing and discussing the subject at their next meeting in more detail since it is creeping up a bit.

D. Audit and Compliance Committee Meeting, March 15, 2019

i. Metrics (Attachment #3)

ii. Meeting Minutes

Director Koetting and Cathy Bodnar, Chief Corporate Compliance and Privacy Officer, provided an overview of the metrics and Meeting Minutes.

The Board took action on the meeting minutes following the adjournment of the closed meeting.

Director Reiter, seconded by Director Gugenheim, moved the approval of the Minutes of the Audit and Compliance Committee Meeting of March 15, 2019. THE MOTION CARRIED UNANIMOUSLY.

V. Board and Committee Reports (continued)

E. Managed Care Committee Meeting, March 15, 2019

- i. Metrics (Attachment #4)
- ii. Meeting Minutes

Director Thomas and James Kiamos, Chief Executive Officer of CountyCare, provided an overview of the metrics and Meeting Minutes. The Board reviewed and discussed the information.

Director Prendergast, seconded by Director Gugenheim, moved the approval of the Minutes of the Managed Care Committee Meeting of March 15, 2019. THE MOTION CARRIED UNANIMOUSLY.

F. Finance Committee Meeting, March 22, 2019

- i. Metrics (Attachment #5)
- ii. Meeting Minutes, which include the following action items and report:
 - Contracts and Procurement Items (detail was provided as an attachment to this Agenda)

Director Reiter presented the Meeting Minutes for the Board's consideration. Ekerete Akpan, Chief Financial Officer, reviewed the Metrics, and Charles Jones, Chief Procurement Officer, provided a brief overview of the following: contractual requests that were considered at the Finance Committee Meeting; Q1 FY2019 Report of Purchases made under the authority of the Chief Executive Officer; and Report of one (1) Emergency Purchase. Request number 12 was withdrawn from consideration at the Finance Committee Meeting, and a minor correction was made to one of the account numbers for request number 2. It was noted that there are four (4) requests pending review by Contract Compliance (request numbers 7, 11, 13 and 20).

Director Reiter, seconded by Director Deer, moved the approval of the Minutes of the Meeting of the Finance Committee of March 22, 2019. THE MOTION CARRIED UNANIMOUSLY.

G. Quality and Patient Safety Committee Meeting, March 22, 2019

- i. Metrics (Attachment #6)
- ii. Meeting Minutes, which included the following action items and report:
 - Medical Staff Appointments/Reappointments/Changes

Director Gugenheim and Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the metrics and Meeting Minutes.

Director Gugenheim, seconded by Director Driscoll, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of March 22, 2019. THE MOTION CARRIED UNANIMOUSLY.

VI. Action Items

A. Contracts and Procurement Items (Attachment #7)

Mr. Jones provided a brief overview of the request presented for the Board's consideration.

Director Reiter, seconded by Director Suleiman Gonzalez, moved the approval of request number 1 under the Contracts and Procurement Items. THE MOTION CARRIED UNANIMOUSLY.

B. Proposed reappointment of Thomas Lancot to the CORE Foundation of Cook County, submitted by Cook County Board President Toni Preckwinkle for approval by the CCHHS Board (Attachment #8)

Director Gugenheim, seconded by Director Deer, moved the approval of the proposed reappointment of Thomas Lancot to the CORE Foundation of Cook County. THE MOTION CARRIED UNANIMOUSLY.

C. Any items listed under Sections IV, V, VI and X

VII. Report from Chair of the Board

The Board took action on the item for Election of Vice Chair of the CCHHS Board of Directors at this time (see Board Agenda Item IV).

VIII. Report from Chief Executive Officer (Attachment #9)

Dr. Shannon provided an update on several subjects; detail is included in Attachment #9.

IX. Recommendations, Discussion / Information Items

A. Strategic planning discussion:

Clinical Activity, Utilization & Operational Efficiency (Attachment #10)

Debra Carey, Deputy Chief Executive Officer of Operations, provided an overview of the strategic planning discussion presentation on Clinical Activity, Utilization & Operational Efficiency, which included information on the following subjects:

IX. Recommendations, Discussion / Information Items

A. Strategic planning discussion (continued)

- Provider Overview
- Patient Demographics and Origin
- Patient Insurance Profile
- Clinical Activity, Utilization and Operational Effectiveness
- Impact 2020 Update
- FY2020-2022
- Appendix

During the discussion of the patient demographics on race and ethnicity, Director Suleiman Gonzalez requested that a slide be included with data on patients' preferred languages.

Medical Practice / Medical Group / Specialty Care (Attachment #11)

Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the strategic planning discussion presentation on Medical Practice / Medical Group / Specialty Care, which included information on the following subjects:

- Overview of Department
- Medical Staff Demographics
- Impact 2020 Update
- FY2020-2022
- Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis
- FY2020-2022 – Strategic Planning Recommendations
- Status and Results Addendum: Medical Staff

X. Closed Meeting Items

- A. Claims and Litigation**
- B. Discussion of personnel matters**
- C. Audit and Compliance Committee Meeting Minutes, March 15, 2019**
- D. Evaluation and consideration of annual incentive for CCHHS Chief Executive Officer**
- E. Consideration of proposed FY2019 Executive Incentive Plan for CCHHS Chief Executive Officer**

Chair Hammock, seconded by Director Suleiman Gonzalez, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is

X. Closed Meeting Items (continued)

probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body,” and 5 ILCS 120/2(c)(29), regarding “meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Acting Chair Thomas, Chair Hammock, Vice Chair Richardson-Lowry and Directors Deer, Driscoll, Gugenheim, Koetting, Reiter and Suleiman Gonzalez (9)

Nays: None (0)

Absent: Directors Munar and Prendergast (2)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Acting Chair Thomas declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

Acting Chair Thomas, seconded by Director Driscoll, moved to approve an incentive for the CCHHS Chief Executive Officer in the amount of \$25,000 for FY2018. THE MOTION CARRIED UNANIMOUSLY.

Director Gugenheim, seconded by Director Reiter, moved to approve the proposed FY2019 Executive Incentive Plan for the CCHHS Chief Executive Officer, subject to the minor modifications discussed in the closed meeting. THE MOTION CARRIED UNANIMOUSLY.

XI. Adjourn

As the agenda was exhausted, Acting Chair Thomas declared that the meeting was
ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Sidney A. Thomas, MSW, Acting Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/Follow-up:

- Follow-up: Request for detailed discussion at the next Human Resources Committee Meeting on the Time to Hire measure. Page 2
- Follow-up: Request for a slide to be included with data on patients' preferred languages in the strategic planning presentation on Clinical Activity, Utilization & Operational Efficiency. Page 5

Cook County Health and Hospitals System
Board of Directors Meeting
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ATTACHMENT #1

March 29, 2019

Cook County Health and Hospitals System
Board of Directors Meeting
1900 W Polk Street
Chicago, Illinois 60612

Written Testimony from Martese Chism
National Nurses Organizing Committee

Good morning Chairman, Directors. Thank you for the opportunity to speak today. My name is Martese Chism. I have been a registered nurses Cook County Hospital for 27 years. I have worked as a Med/Surg nurse, a charge nurse, a dialysis nurse, and now finally I am a Case Manager. I am also the chief union steward and I serve on the NNOC Board of Directors.

You would think that case management would be like heaven after so many years of direct patient care. No more lifting, less exposure to infectious diseases, fewer weekends. But actually, this last year case management has been the worst place to work.

Why? First – We have two administrators with zero case manager experience and who does not have the basic competency to do our work. They do not serve as resources to staff, because they do not have the skills. Instead - they spend their time analyzing productivity numbers and denying requests for overtime when our assignments reach 30 to 50 patients.

Our inpatient case management workloads are completely unreasonable. We have done a survey of Chicago area tertiary hospital case managers. Expecting a case manager in this setting to complete 25 MCGs per day is unattainable. Not to mention that we don't have 8 hours to do it. We spend more than four hours a day in meetings and rounding with physicians. We don't object to that - but we cannot meet a heavy caseload when we have limited time to do MCGs.

We have been talking with our Executive about this for months. We met with Doug Elwell in November 2018 and he made a number of written commitments to us to address our concerns - and none of those commitments have been followed through. We have met with the President's Office, and with senior administration. Nothing has changed. Everyday we come to work in a fearful hostile working environment. We are the inpatient case managers who brought in the 2018 revenue to make the Cook County Health and Hospital system self – sufficient.

I am here today to demand that you all take action today to address these issues. We are requesting a meeting with the Board to hear our concerns.

BOYCOTT THE MARRIOTT MEDICAL DISTRICT HOTEL

Housekeeping and food & beverage workers voted overwhelmingly to join UNITE HERE Local 1 in May 2018 and the hotel has since refused to negotiate a fair contract.

On November 28, 2018, workers went on strike for one day to protest the Marriott Medical District's refusal to bargain. Employees are overworked, underpaid, and have earned the right to negotiate a fair contract.



Go to BoycottMarriottMedicalDistrict.org to tell the hotel that you will not patronize the hotel until they negotiate a fair contract.

UNITE HERE! 

Cook County Health and Hospitals System
Board of Directors Meeting
Friday, March 29, 2019

ATTACHMENT #2

Human Resources Metrics

CCH Board of Directors

Barbara Pryor
Chief Human Resources Officer

March 29, 2019



Metrics

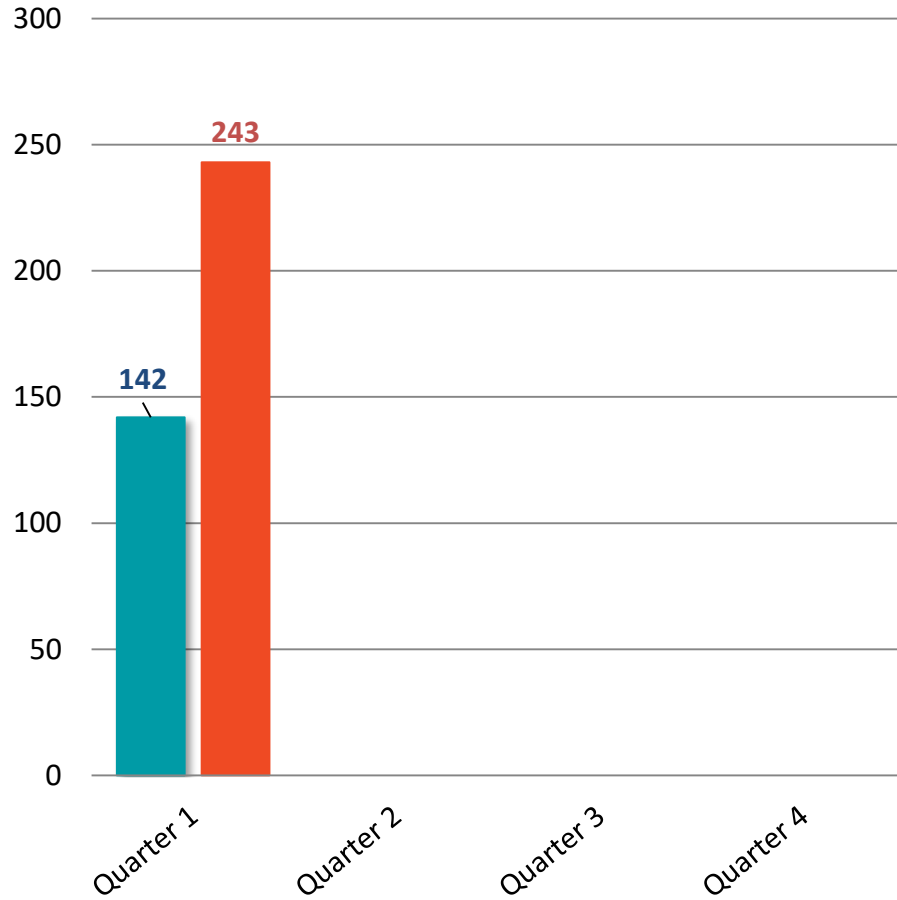


CCH HR Activity Report

Thru 02/28/2019

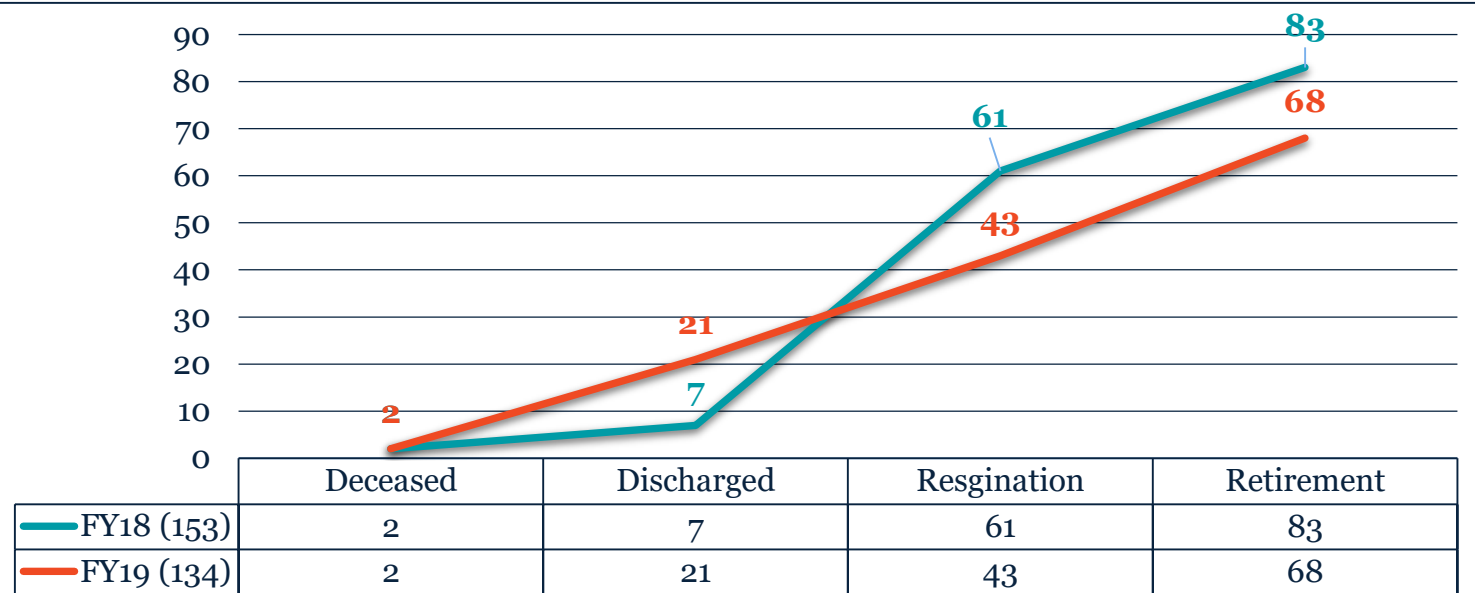
FILLED POSITIONS

■ 2018 Filled (142) ■ 2019 Filled (243)



SEPARATIONS

■ 2018 Separations (153) ■ 2019 Separations (134)



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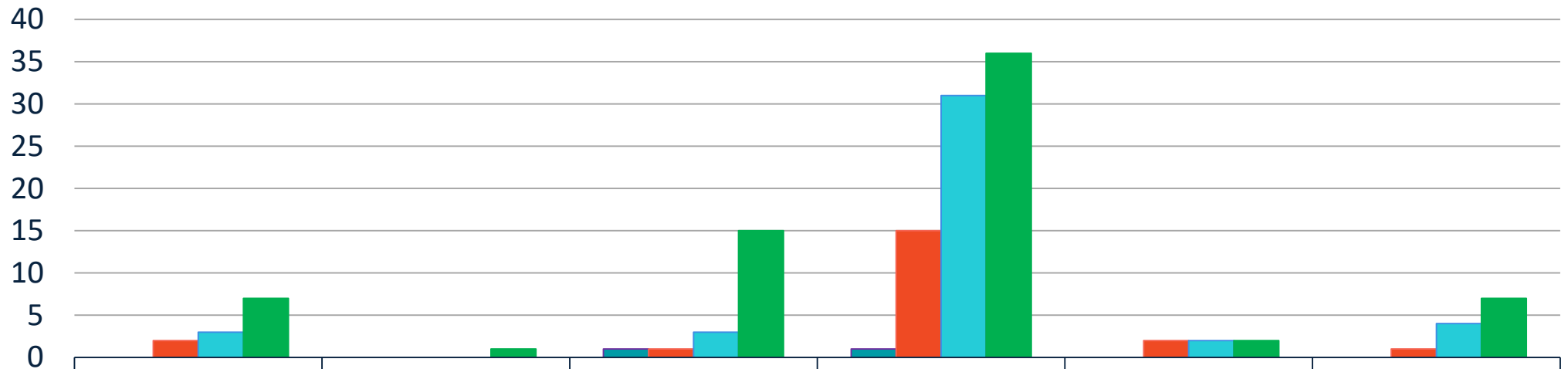
Net New is 25
Page 14 of 17

Does not include Consultants, Registry and House Staff

CCH HR Activity Report

Thru 02/28/2019

SEPARATIONS BY CLASSIFICATION - 134

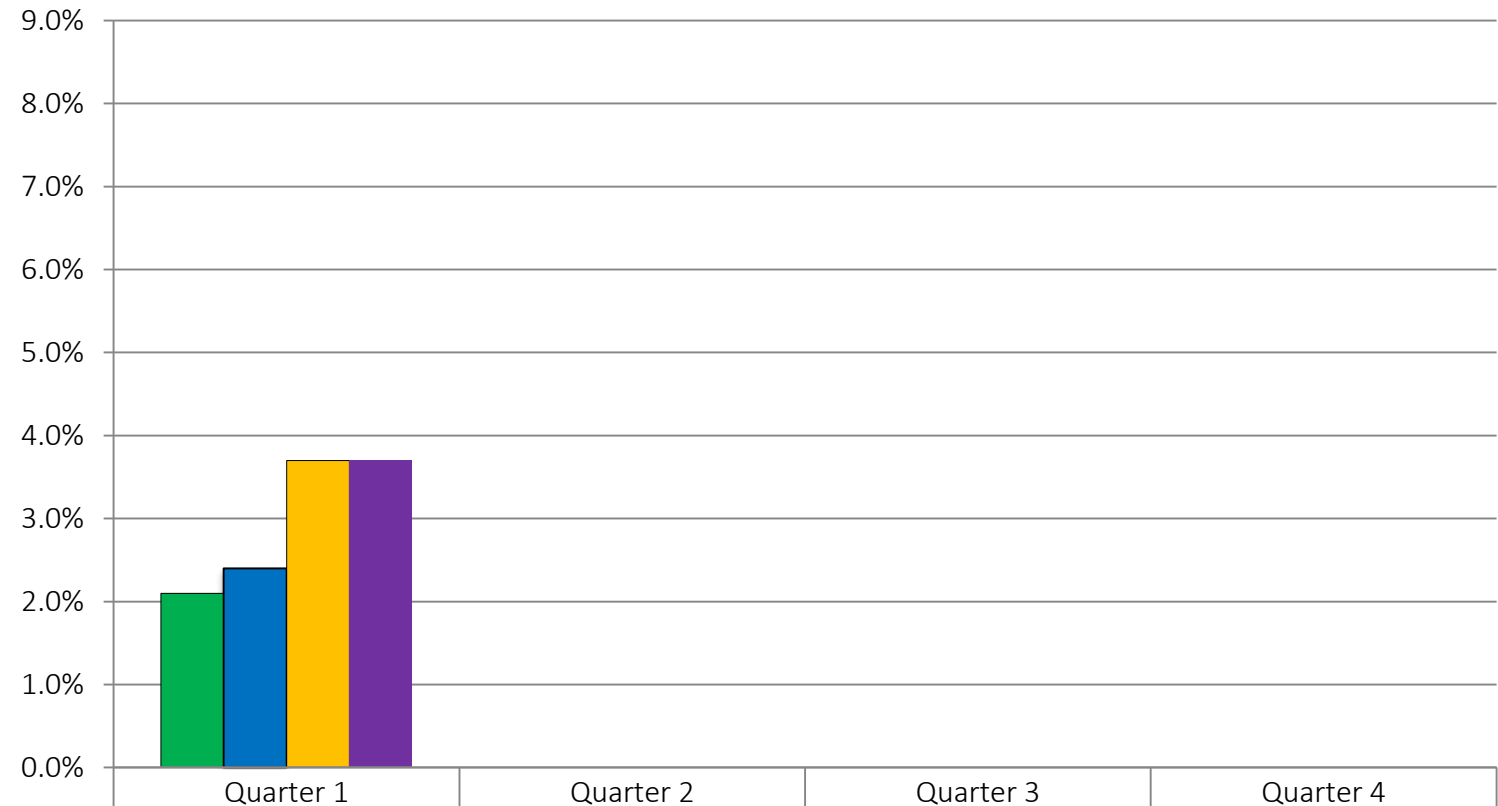


	Finance (12)	HIS (1)	Nurse (20)	Other (83)	Pharmacy (6)	Physician (12)
■ Deceased (2)			1	1		
■ Discharged (21)	2		1	15	2	1
■ Resgination (43)	3		3	31	2	4
■ Retirement (68)	7	1	15	36	2	7



CCH HR Activity Report – Turnover

CCH TURNOVER
Turnover Year-to-Date
 Head Count: 6,373



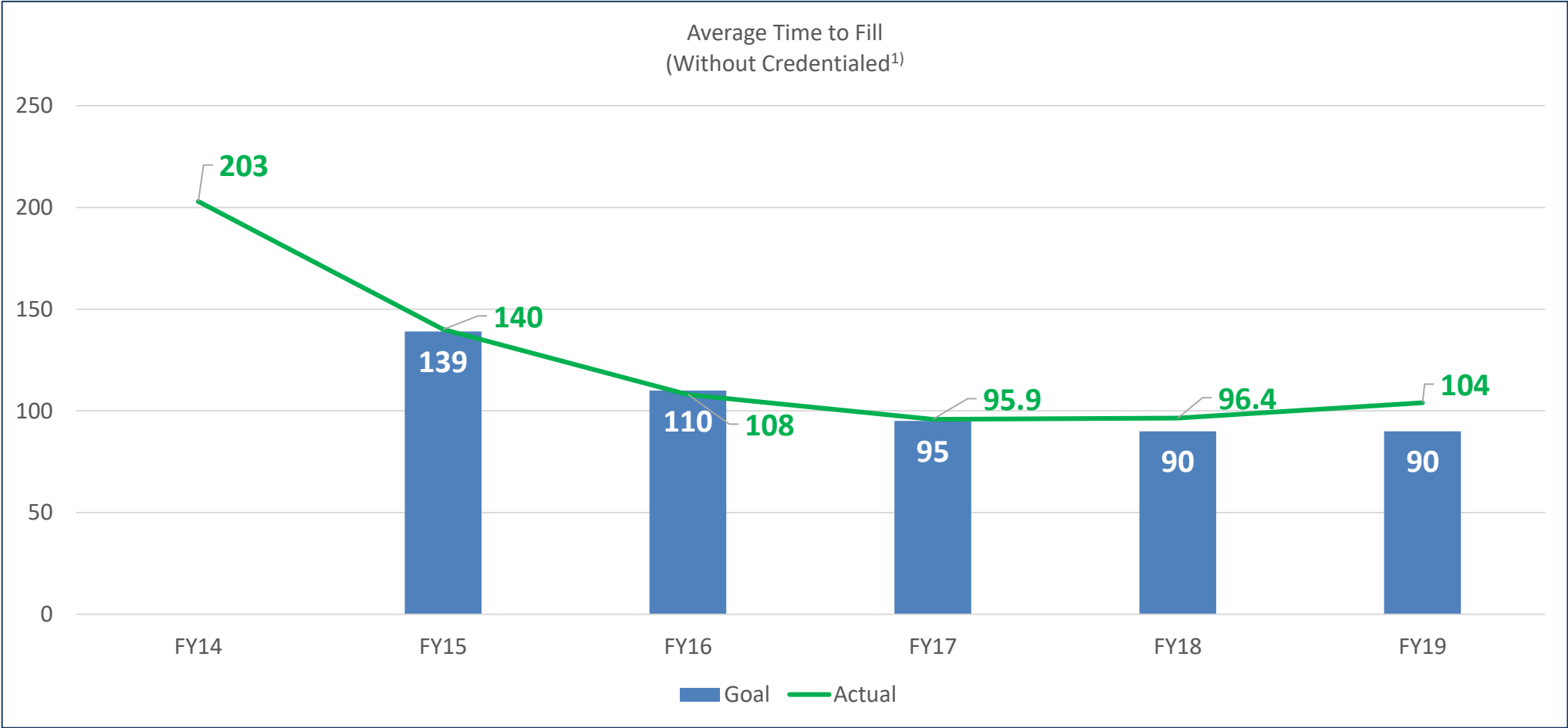
YTD Cumulative Totals:

FY19 CCHHS Turnover	2.1%			
FY18 CCHHS Turnover	2.4%			
FY17 U.S. IL Health & Hospital Assoc. Turnover Data	3.7%			
FY18 U.S. Dept. of Labor Turnover Data	3.7%			



CCH HR Activity Report – Open Vacancies

Improve/Reduce Average Time to Hire*



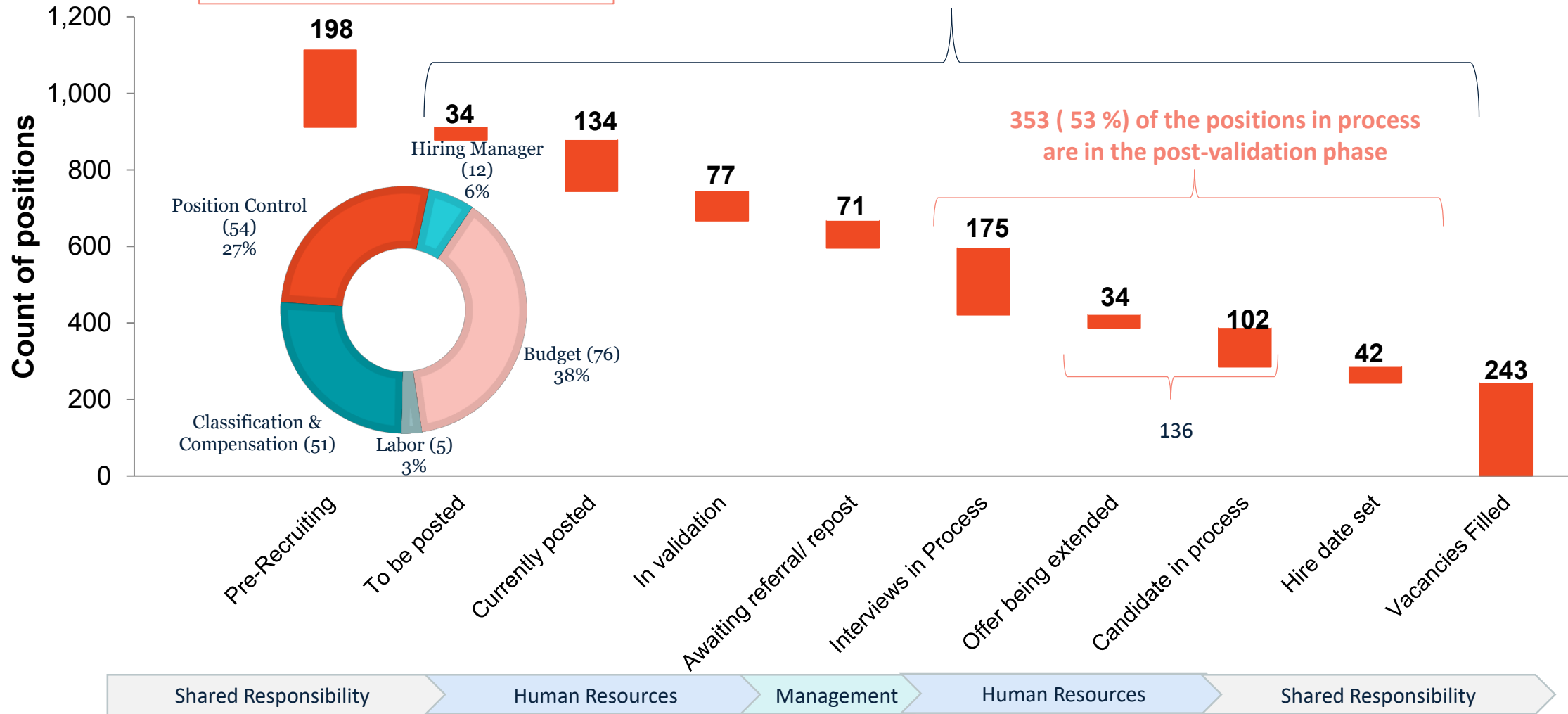
¹Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

CCH HR Activity Report – Hiring Snapshot

Thru 02/28/2019

Clinical Positions – 525 / 78%
Non-Clinical Positions – 144 / 22%

669 Positions in process



COOK COUNTY
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867 positions in process (Position Control, Budget, Recruiting)

Thank you.



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HEALTH

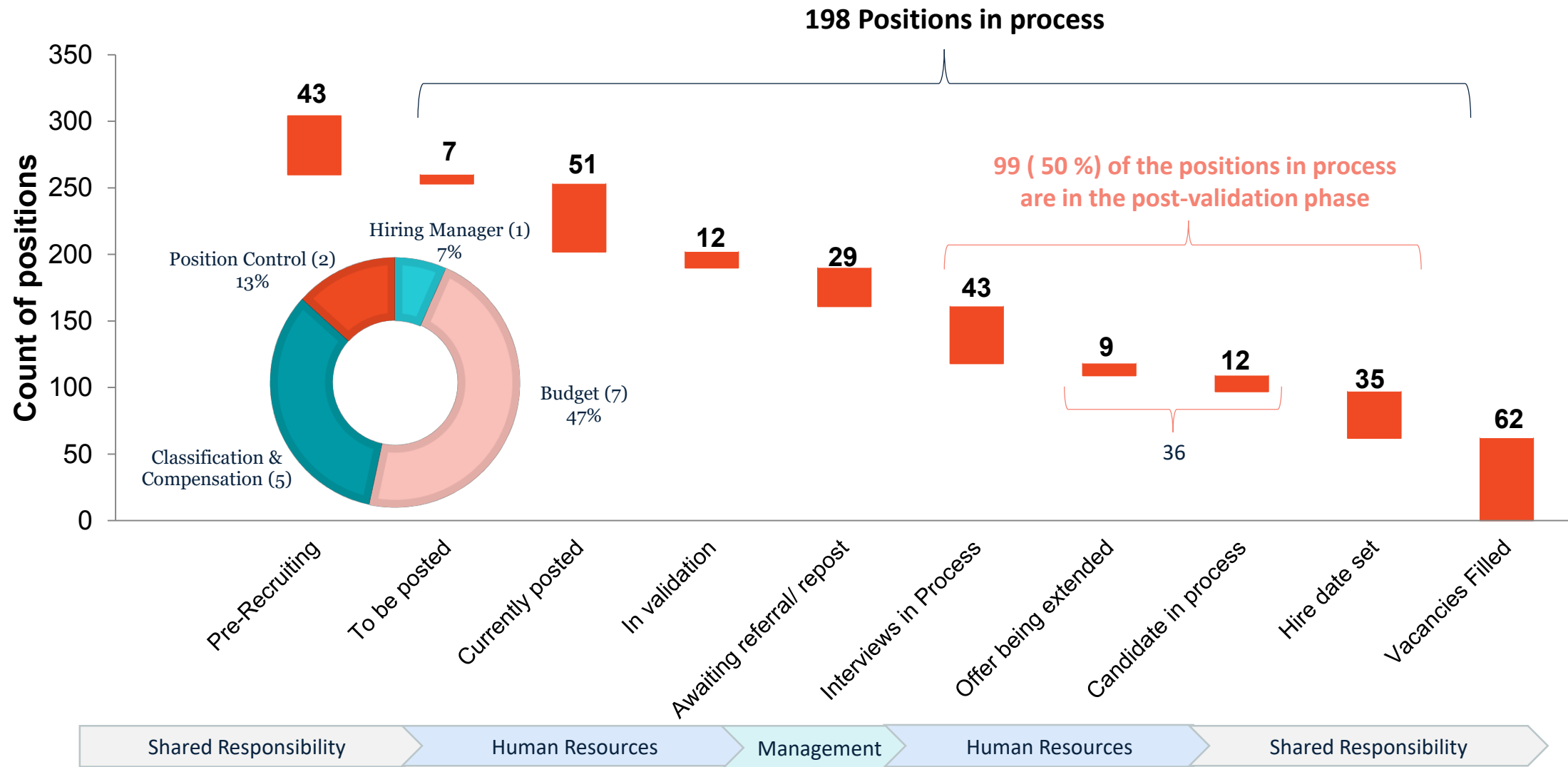
Appendix



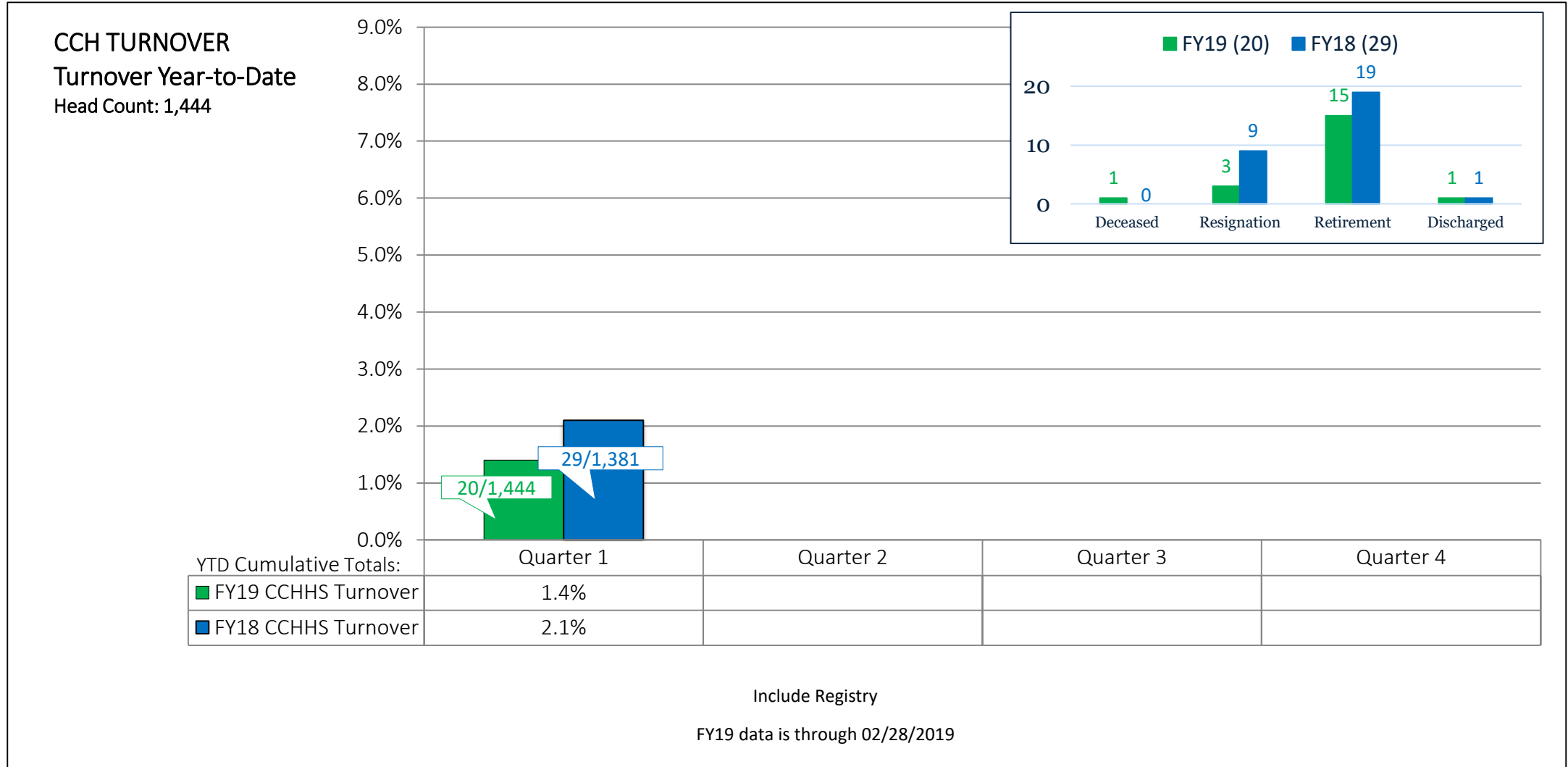
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CCH HR Activity Report – Nursing Hiring Snapshot

Thru 02/28/2019



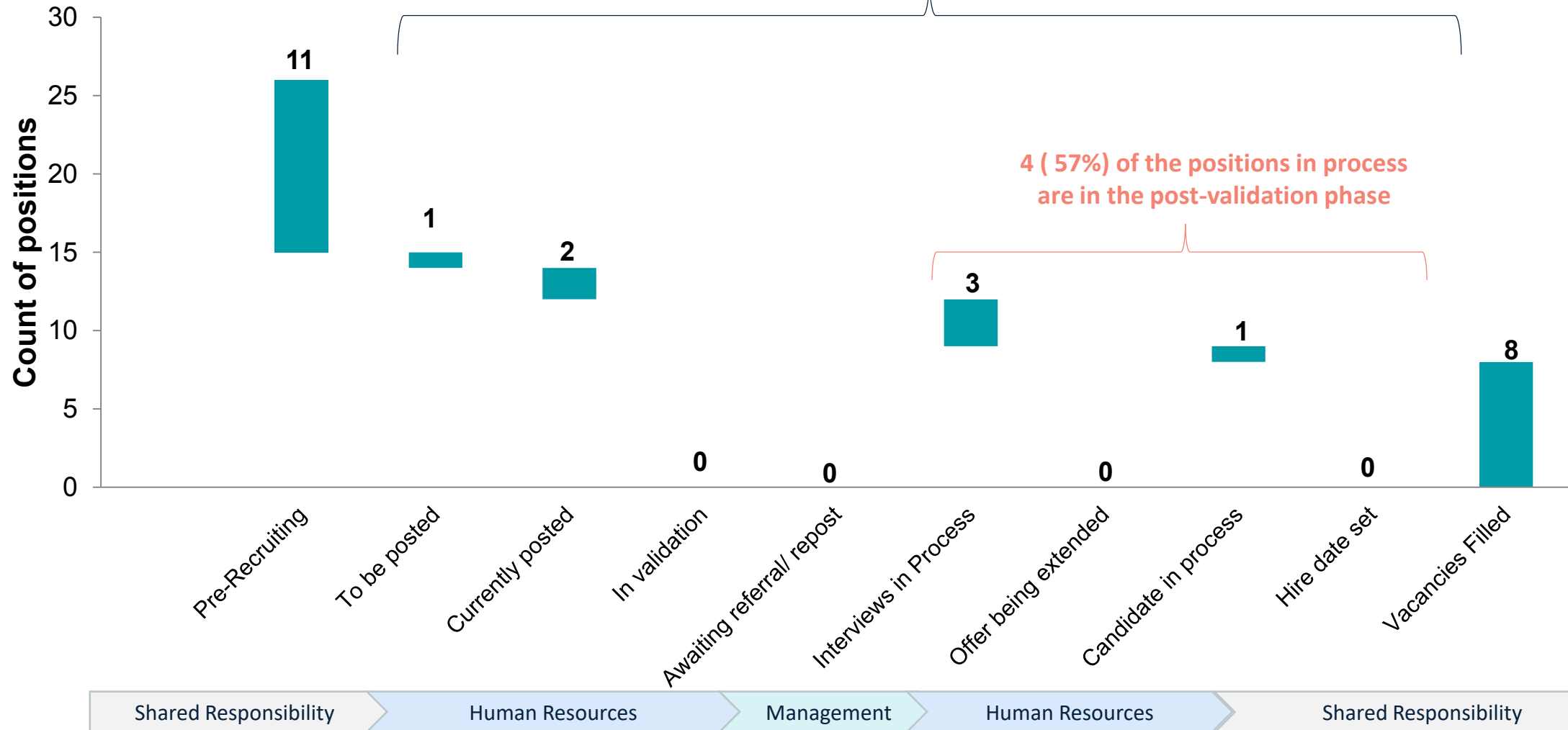
Nursing Activity Report – Turnover



CCH HR Activity Report – Revenue Cycle Hiring Snapshot

Thru 2/28/ 2019

7 Positions in process



COOK COUNTY
HEALTH

18 Vacant positions

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Cook County Health and Hospitals System
Board of Directors Meeting
Friday, March 29, 2019

ATTACHMENT #3

Corporate Compliance Report

Board of Directors

March 29, 2019



Meeting Objectives

Review

Metrics

- Year-Over-Year Comparison
- Metrics
 - Cook County Health as a Provider of Health Care Services
 - CountyCare Medicaid Health Plan

Action

- Annual Education (4-Required Modules)

Corporate Compliance



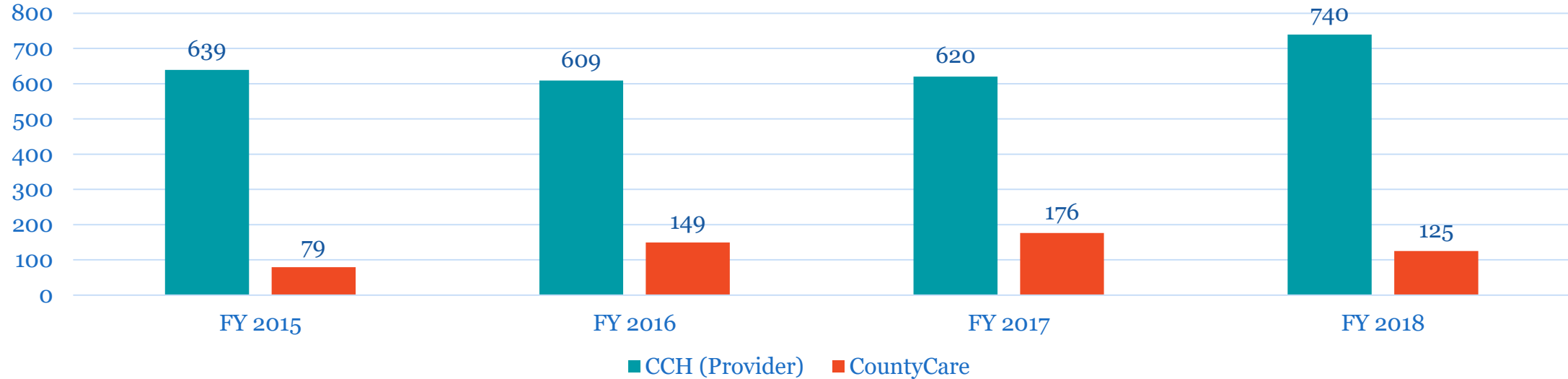
Contact Volumes



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HEALTH

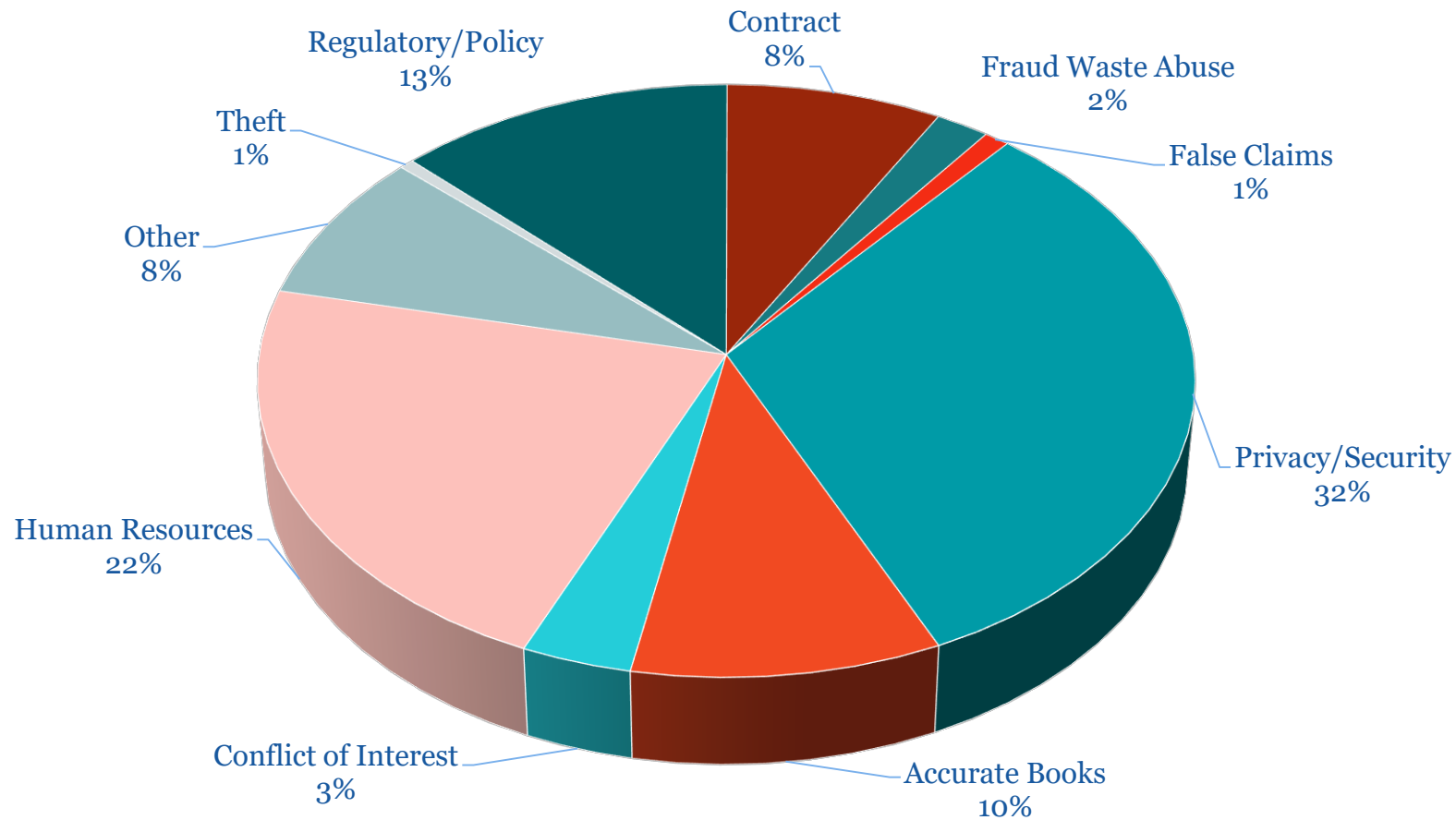
Year-Over-Year Contacts

Separating out CCH as a Provider of Care and as the CountyCare Health Plan



CCH as a Provider of Care

FY 2018 Contacts by Category

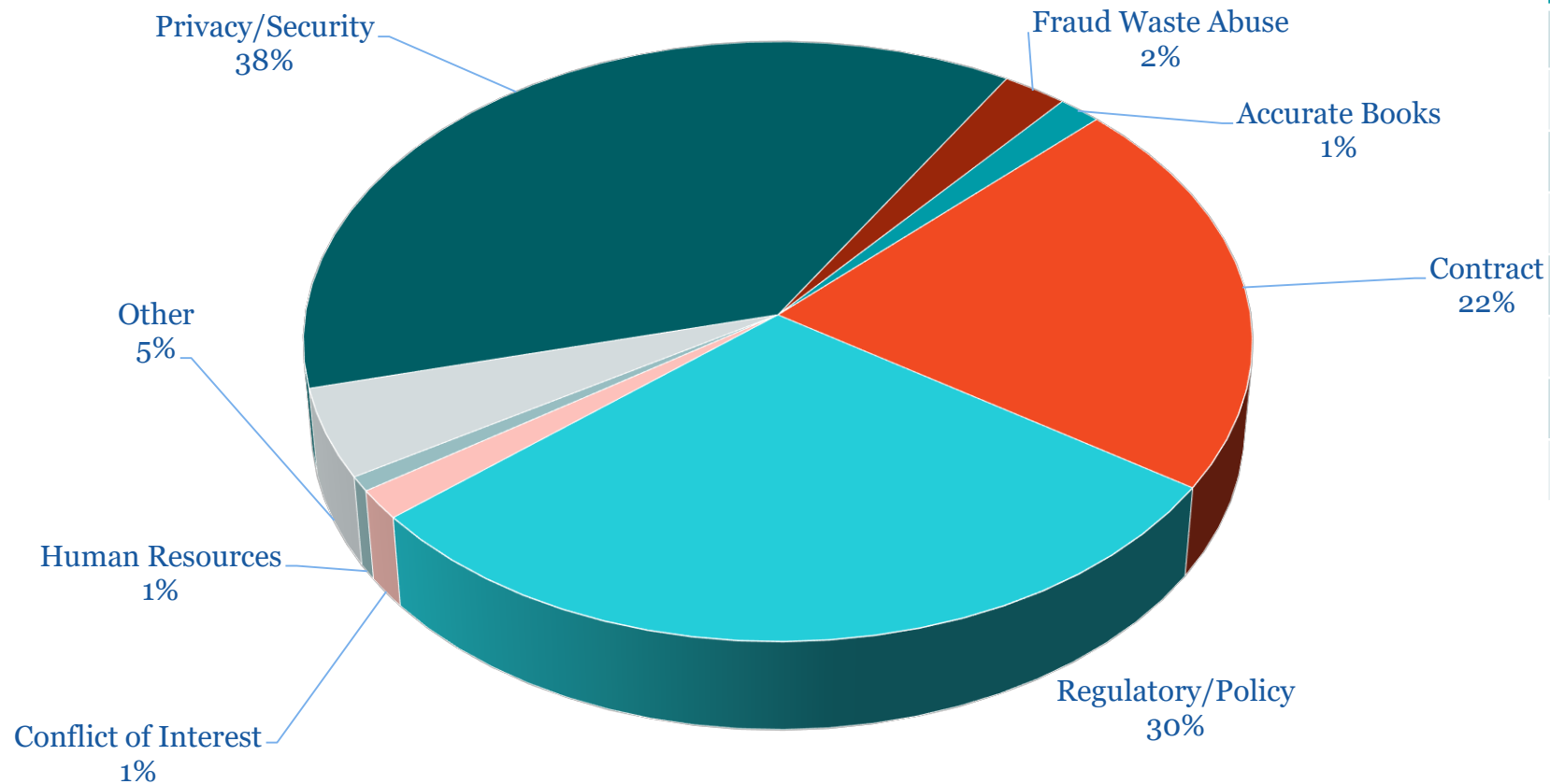


Categories	
Privacy/Security (HIPAA)	237
Human Resources	163
Regulatory/Policy	94
Accurate Books	73
Contracts	60
Conflict of Interest	26
Fraud Waste & Abuse	15
False Claims	7
Theft	4
Other	61
740	



CountyCare Health Plan

FY 2018 Contacts by Category



Categories	
Privacy/Security (HIPAA)	47
Regulatory/Policy	37
Contracts	27
Fraud Waste & Abuse	3
Conflict of Interest	2
Accurate Books & Records	2
Human Resources	1
Other	6
	125



CountyCare Fraud, Waste and Abuse Metrics

State Fiscal Year (S-FY) 2018 through S-FY19 Q1

State
Required
Fields →

S-FY	Reporting Quarter	Tips	Preliminary Investigations	Full Investigations	Referrals to HFS OIG	Provider Audits	Overpayments Identified ^{*2}	Overpayments Collected
18	<u>Q1</u> 07/01 -09/30/17	1	11	3	3	3	\$ 97,910.84	\$ 2,574.00
18	<u>Q2</u> 10/01 – 12/31/17	2	8	9	1	1	\$ 201,038.64	\$ 2,961.36
18	<u>Q3</u> 01/01 – 03/31/18 ^{*1}	70	5	15	2	103	\$ 457,245.29	\$ 6,097.85
18	<u>Q4</u> 04/01 – 06/30/18	6	5	9	2	57	\$2,305.959.74	\$ 28,216.99
19	<u>Q1</u> 07/01 -09/30/18	15	34	11	0	173	\$ 694,801.54	\$ 44,385.25

^{*1} The 3rd Quarter S-FY 18 was significant for CountyCare Compliance. Evolent, CountyCare’s TPA for medical and behavioral health hired two (2) local investigators dedicated solely to program integrity efforts. This dedicated team partnered with a data analytics firm to review claims for anomalies. The result of this activity is apparent in the metrics above.

^{*2} The Overpayments Identified column indicates the total amount paid to the provider for the identified inaccurate codes. These amounts may be offset if a provider elects to bill a corrected claim.

Example: The highest level clinic visit is billed to the health plan, reimbursement is \$48, the medical record is reviewed and the documentation validates a lower level. The “Overpayment Identified” is \$48, however the provider may rebill a lower level and expect corresponding reimbursement of \$28.35. This category does not account for the net recovery of \$19.65.



Annual Education



Board Requirement



Annual Requirement



Questions?



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
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ATTACHMENT #4

CountyCare Metrics

Prepared for: CCH Board of Directors

James Kiamos
CEO, CountyCare
March 29, 2019



Current Membership

Monthly membership as of February 7, 2019

Category	Total Members	ACHN Members	% ACHN
FHP	213,771	22,645	10.6%
ACA	72,016	14,700	20.4%
ICP	29,673	6,539	22.0%
MLTSS	5,534	0	N/A
Total	320,994	43,884	13.7%

ACA: Affordable Care Act
FHP: Family Health Plan

ICP: Integrated Care Program

MLTSS: Medicaid Long-Term Service and Support



Managed Medicaid Market

Illinois Department of Healthcare and Family Services January 2019 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	325,556	31.5%
Meridian (a WellCare Co.)	245,422	23.8%
Blue Cross Blue Shield	238,732	23.1%
IlliniCare	109,166	10.6%
Molina	68,166	6.6%
*Next Level	45,230	4.4%
Total	1,032,272	100.0%

* Only Operating in Cook County



2018 Operations Metrics: Call Center & Encounter Rate

Key Metrics	State Goal	Performance		
		Oct	Nov	Dec
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	0.79%	0.39%	0.79%
Hold Time (minutes)	1:00	0:06	0:05	0:11
% Calls Answered < 30 seconds	> 80%	95.39%	95.22%	91.42%
Quarterly				
Claims/Encounters Acceptance Rate	95%	96.99%		



2018 Operations Metrics: Claims Payment

Key Metrics	State Goal	Performance		
		Oct	Nov	Dec
Claims Payment Turnaround Time & Volumes				
% of Clean Claims Adjudicated < 30 days	90%	94.2%	95.6%	97.1%
% of Claims Paid < 30 days	90%	35.2%	62.5%	65.7%
Total Claims Adjudicated	N/A	397,673	452,893	436,813



2018 Operations Metrics:

Overall Care Management Performance

Key Metrics	Market %	Performance		
		Oct	Nov	Dec
Completed HRS/HRA (all populations)				
Overall Performance	40%	53.4%	57.0%	57.4%
Completed Care Plans on High Risk Members				
Overall Performance	65%	69.7%	64.7%	67.4%

- CountyCare's high risk percentage exceeds the State's requirement of 2% for Family Health Plan and 5% for Integrated Care Program.



Cook County Health and Hospitals System
Board of Directors Meeting
Friday, March 29, 2019

ATTACHMENT #5

CCH Full Board Meeting March 2019



Ekerete Akpan, Chief Financial Officer

March 29, 2019





Systems-wide Financials, Observations, Metrics and Volumes



COOK COUNTY
HEALTH

Income Statement for the Two Months ending Jan.- 2019(in thousands)

CCH Systemwide	Year-To-Date		Variance	
	Actual	Budget	\$	%
<u>Operating Revenue</u>				
Net Patient Service Revenue	98,576	124,550	(25,974)	-21%
CountyCare Capitation Revenue	367,882	303,625	64,257	21%
Access Payments	5,950	5,950	-	0%
Other Revenue	666	2,167	(1,501)	-69%
Total Operating Rev	473,073	436,292	36,782	8%
<u>Operating Expenses</u>				
Salaries & Benefits	109,113	118,806	9,693.42	8%
Overtime	8,376	5,967	(2,409)	-40%
Contracted Labor	7,090	5,687	(1,404)	-25%
Pension*	54,560	54,560	-	
Supplies & Materials	3,927	10,359	6,431	62%
Pharmaceutical Supplies	17,136	13,471	(3,664)	-27%
Purch. Svs., Rental, Oth.	44,906	51,471	6,565	13%
External Claims Expense	322,133	236,095	(86,038)	-36%
Insurance Expense	4,447	4,906	459	9%
Depreciation	5,784	5,784	-	0%
Utilities	2,617	1,648	(970)	-59%
Total Operating Exp	580,090	508,753	(71,337)	-14%
Operating Margin	(107,017)	(72,462)	(34,555)	-48%
Operating Margin %	-23%	-17%	-6%	-36%
Non Operating Revenue	43,205	43,205	-	0%
Net Income/(Loss)	(63,812)	(29,257)	(34,555)	-118%



Financial Metrics

Metric	As of end Jan-18/YTD	As of end Jan-19/YTD	Target
Days Cash On Hand**	21	30	60
Operating Margin***	-5.9%	-11.1%	-5.4%
Overtime as Percentage of Gross Salary	9.4%	8.1%	5.0%*
Average Age of Plant (Years)	23.3	23.2	10.7

*Days Cash on Hand - CCH target 60 days, Moody's 198 days . Overtime as percentage of Gross Salary – CCH target 5% , Moody's 2%

** Days Cash in Hand – Point in time i.e. as of end October for each year

***Excludes Pension Expense-Target based on compare group consisting of 'like' health systems : Alameda Health System, Nebraska Medical Center, Parkland Health & Hospital System, and UI Health



Revenue Cycle Metrics

Metric	Average FYTD 2019	Dec-18	Jan-19	Benchmark /Target
Average Days in Accounts Receivable <i>(lower is better)</i>	99.5	99	100	45.85 – 54.9*
Discharged Not Finally Billed Days <i>(lower is better)</i>	10.2	9.9	10.5	7.0
Claims Initial Denials Percentage <i>(lower is better)</i>	23%	22%	23%	20%

Definitions:

Average Days in Accounts Receivable: Total accounts receivable over average daily revenue

Discharged Not Finally Billed Days: Total charges of discharge not finally billed over average daily revenue

Claims Initial Denials Percentage: Percentage of claims denied initially compared to total claims submitted.

* Source HFMA Key Hospital Statistics and Ratio Margins – Posted 2014



Observations

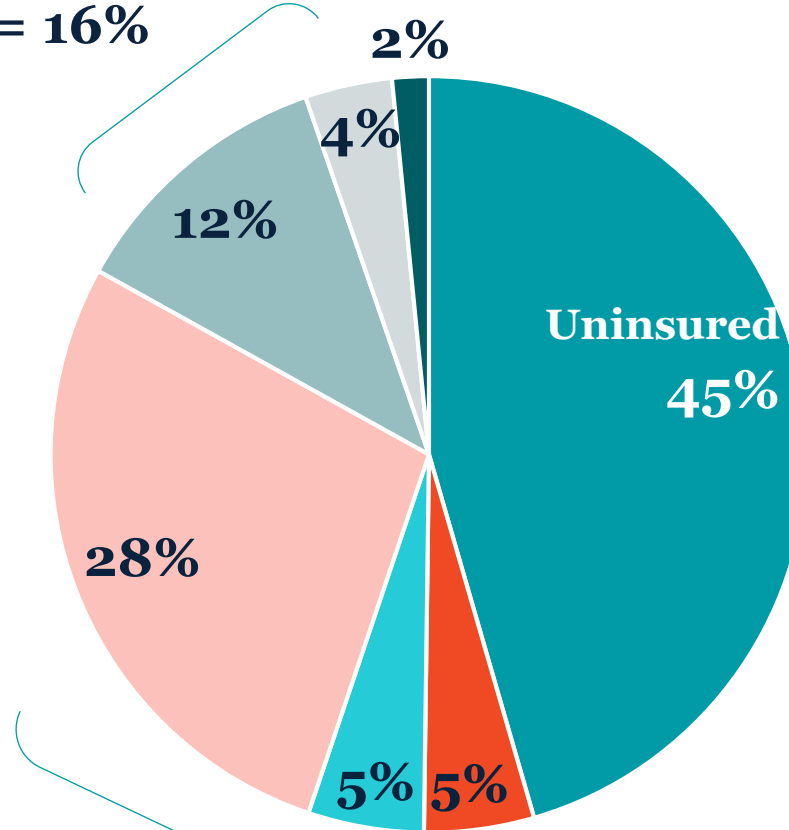
Some volumes are challenging versus FY18 targets

- Primary Care visits are up by 1% versus to FY18, and down 4% versus FY19 target
- Specialty Care visits are up by 3% versus FY18, and down 2% versus FY19 target
- Surgical Cases are down by 3% versus FY18, and down 9% versus FY19 target
- Inpatient Discharges are down 11% versus FY18, and flat versus FY19 target
- LOS is down 11% versus FY18, and flat versus FY19 target
- Emergency Department visits are down 4% versus FY18, and flat versus FY19 target
- Deliveries are up by 3% versus FY18, and down 7% versus FY19 target
- Case Mix Index is flat versus FY18, and flat versus FY19 target
- System-wide uninsured numbers, captured by visit held 45% (Provident 36%, ACHN 45%, Stroger 48%)
- CountyCare sustained 326,116 members in January 2019 with CCH capturing \$31.6M in clinical services.

System Payor Mix By Visit

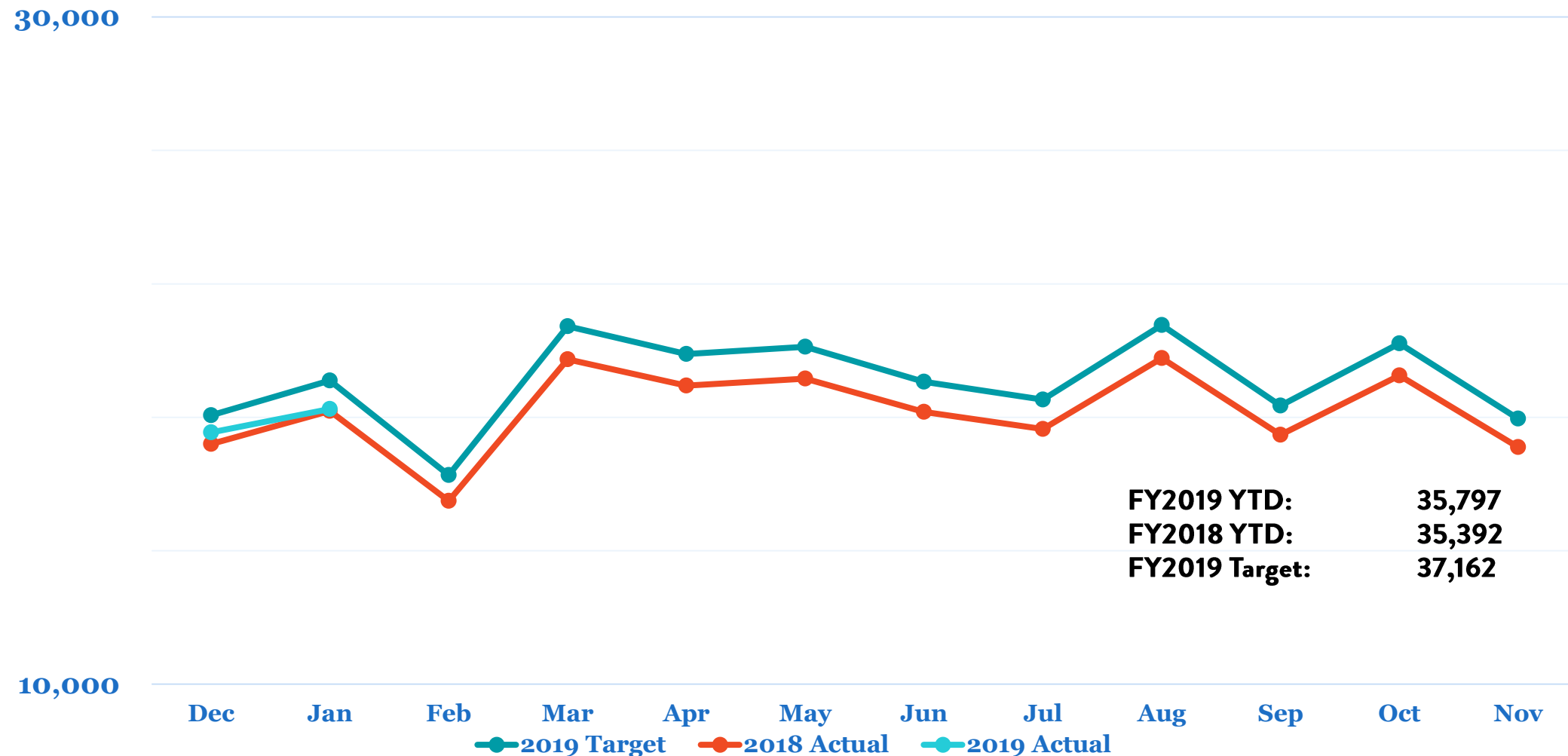
All Medicare = 16%

All Medicaid = 33%

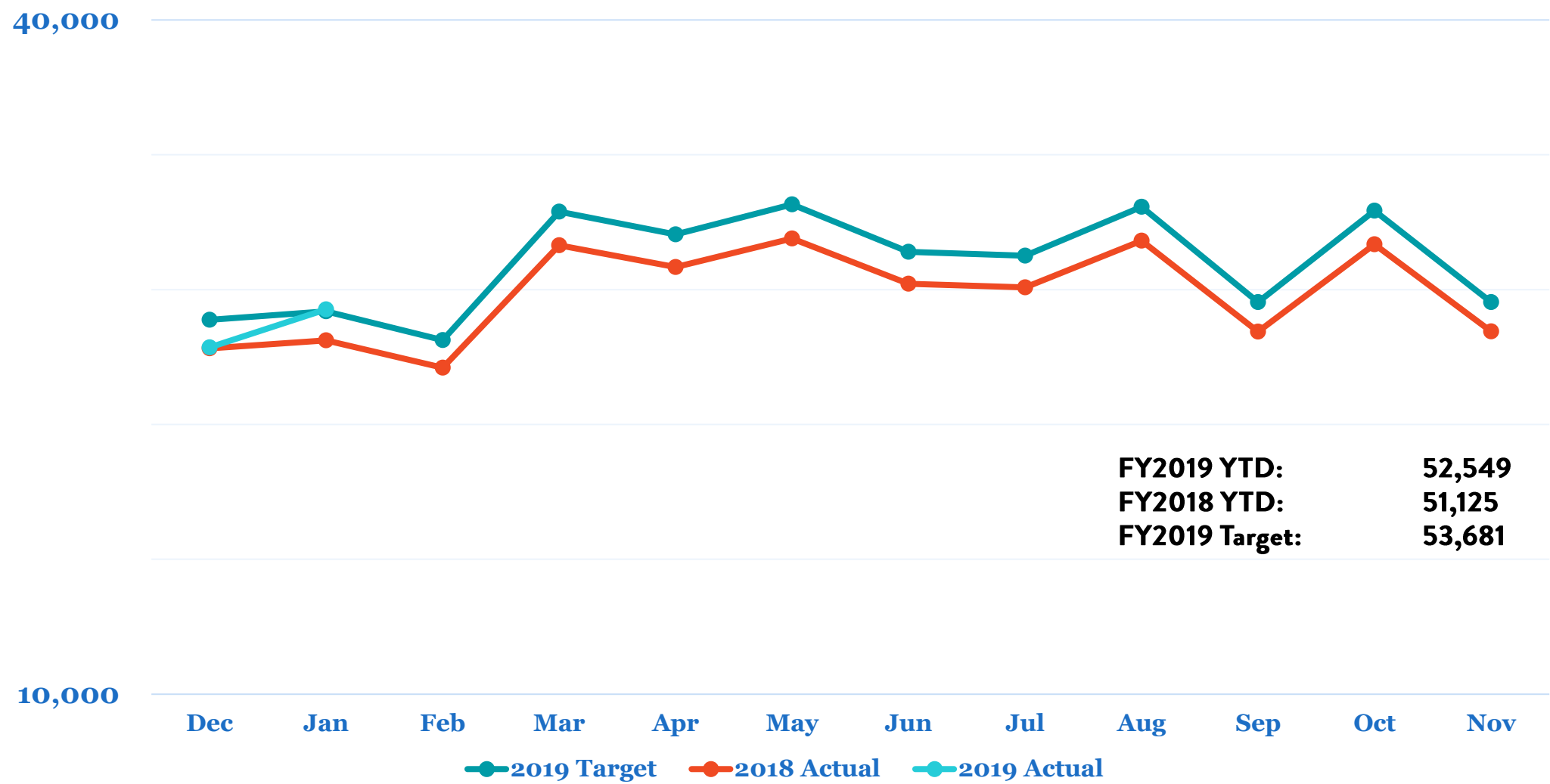


- Uninsured
- Commercially Insured
- Medicaid
- Medicaid Managed Care
- Medicare
- Medicare Managed Care
- Other

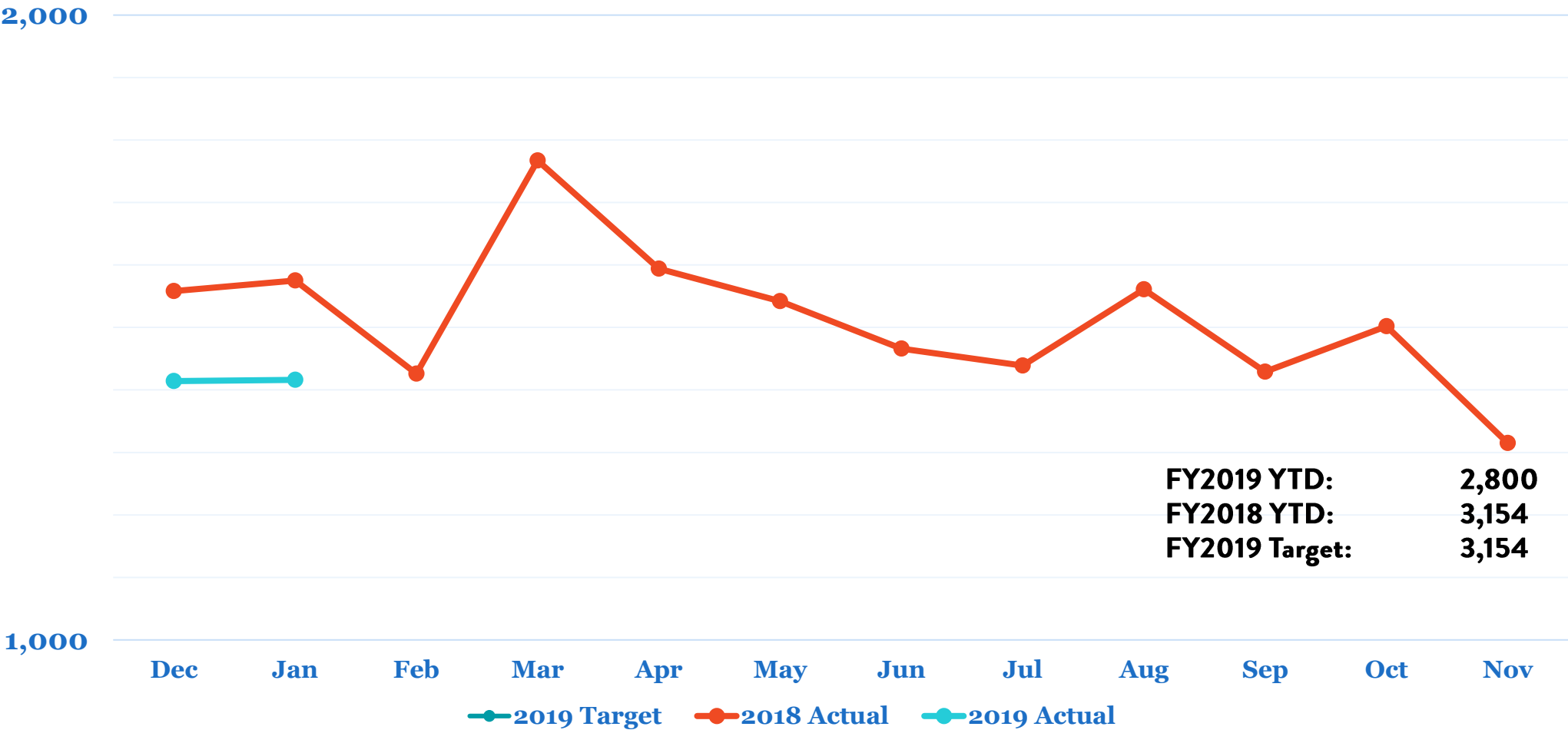
Primary Care Provider Visits



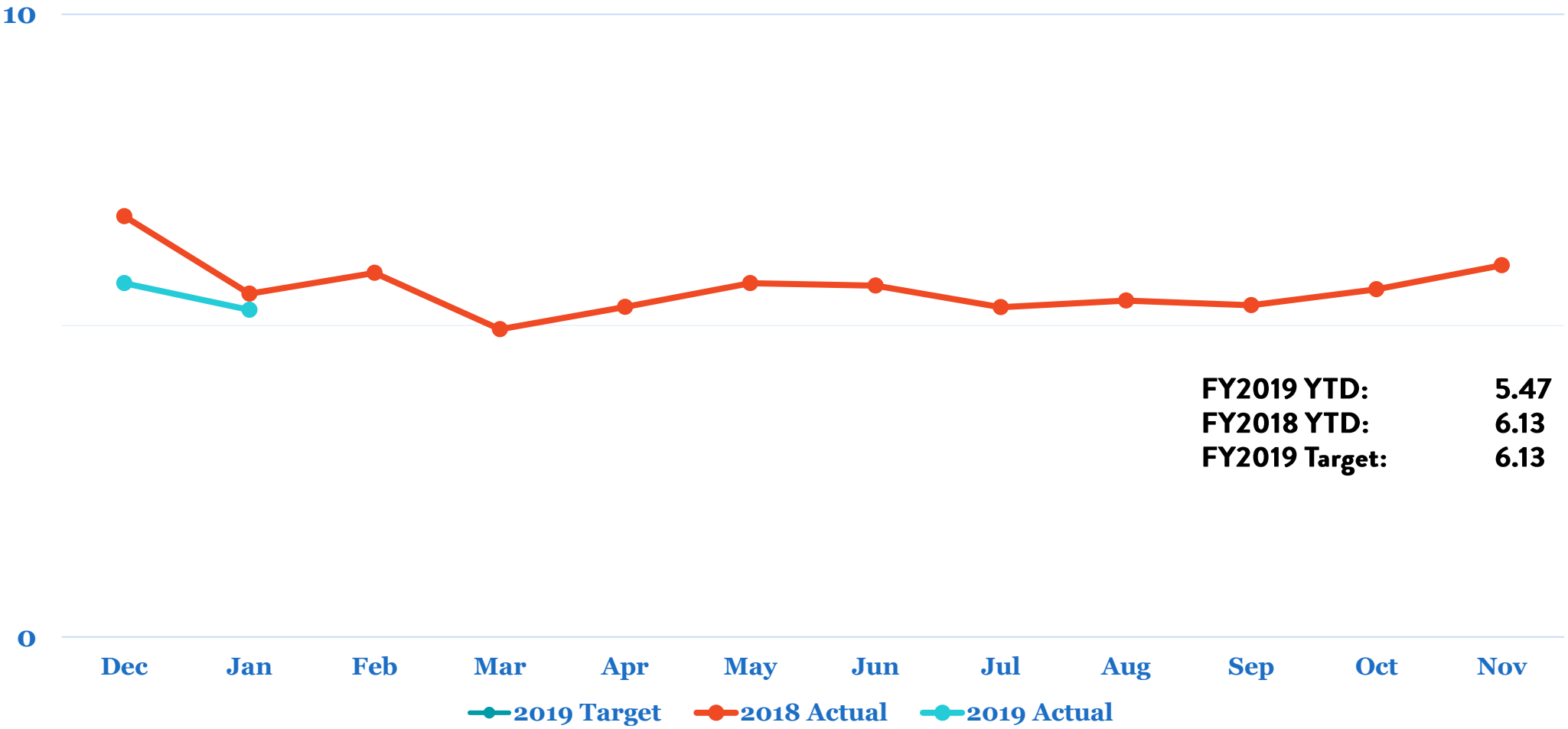
Specialty Care Provider Visits



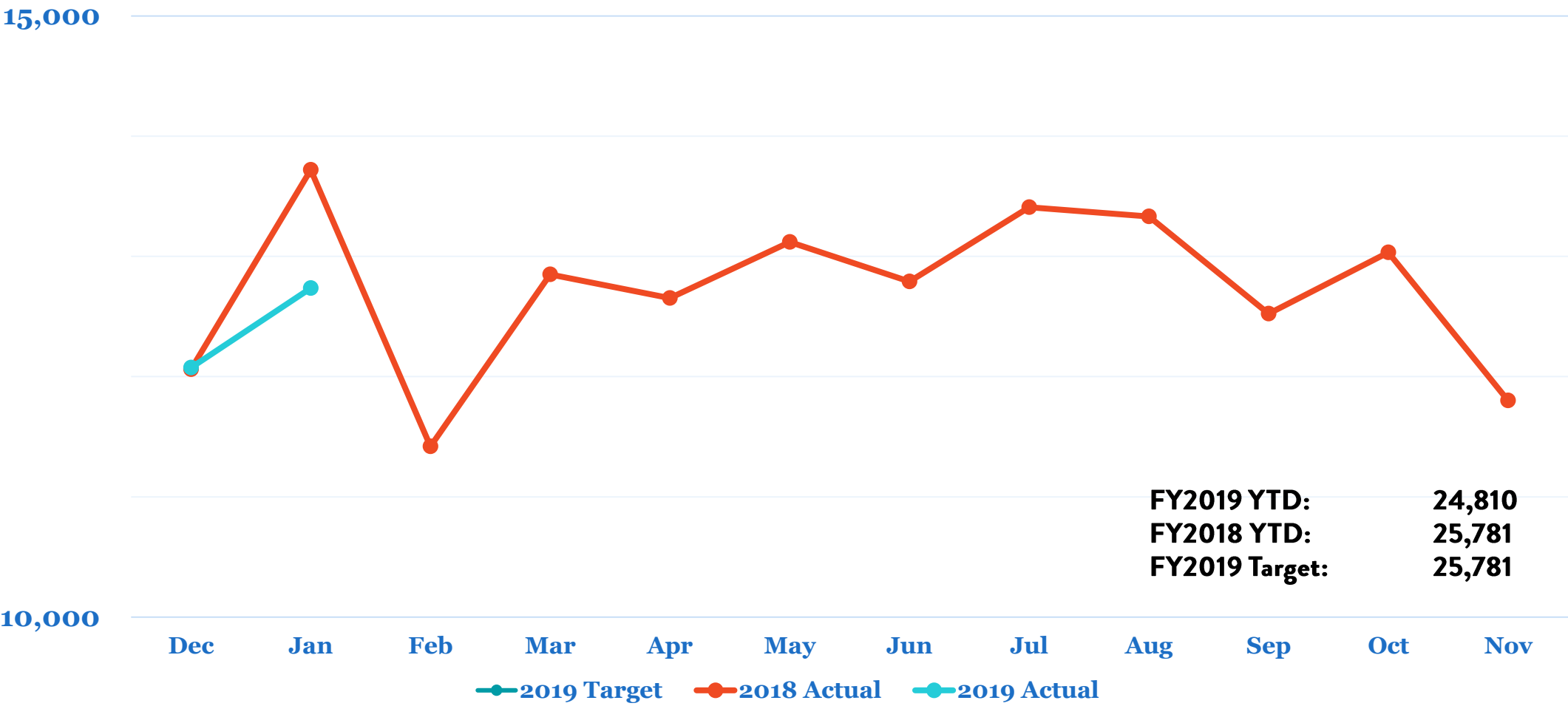
Total Inpatient Discharges



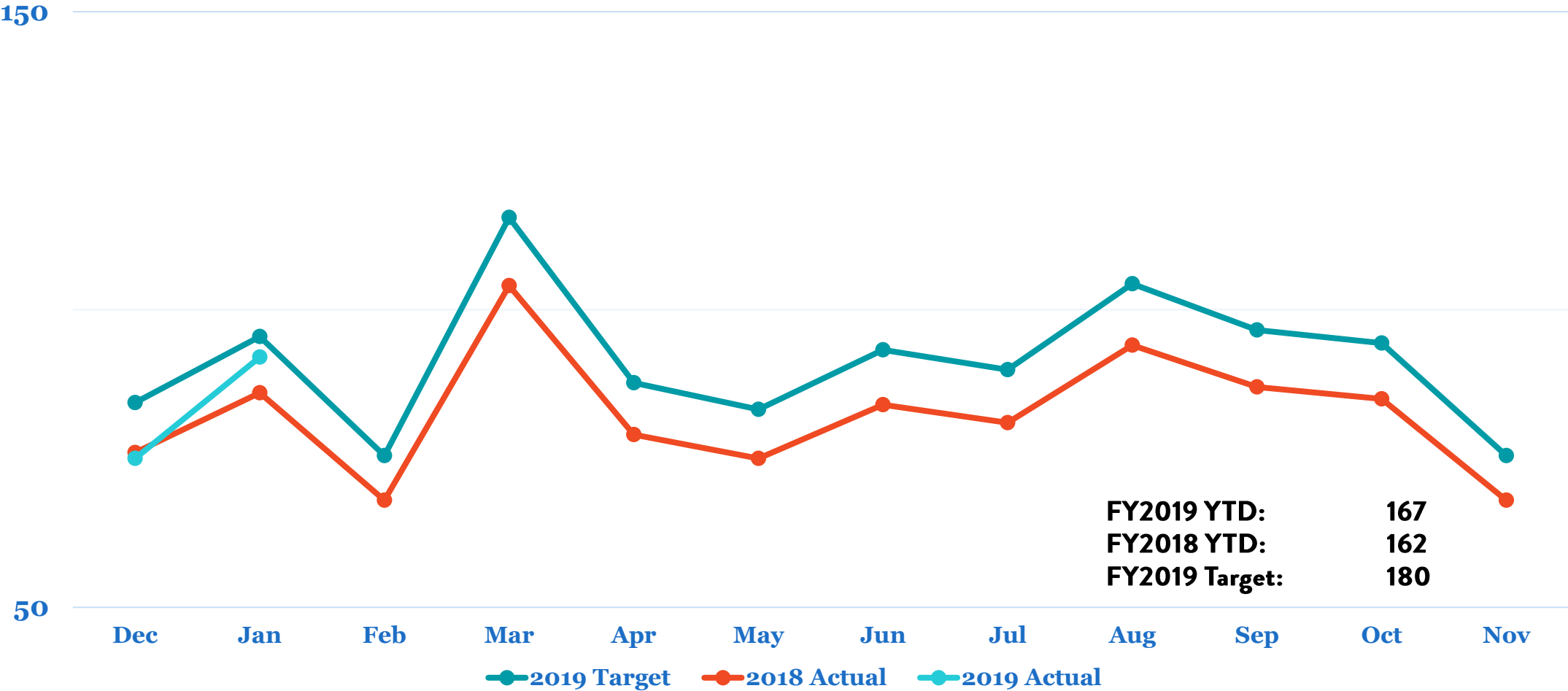
Average Length of Stay



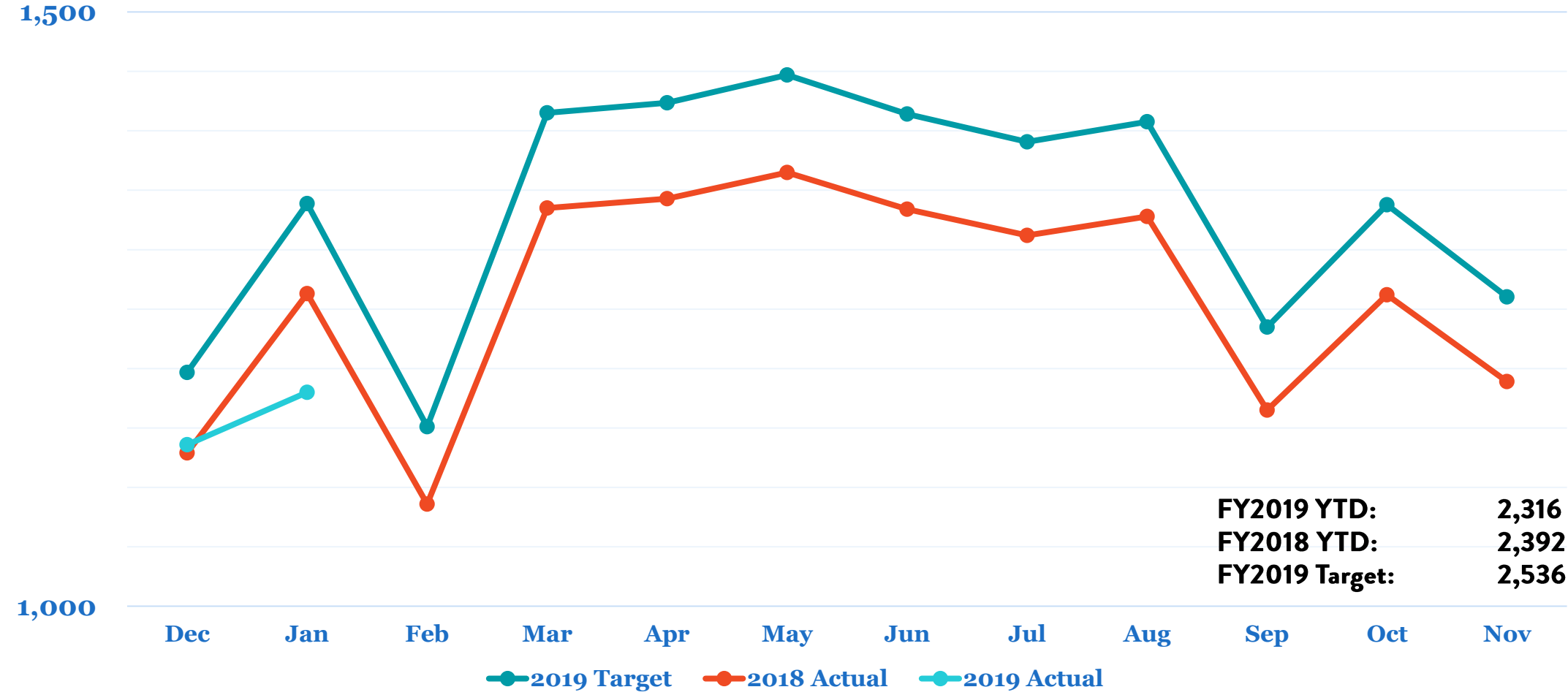
Total Emergency Room Visits



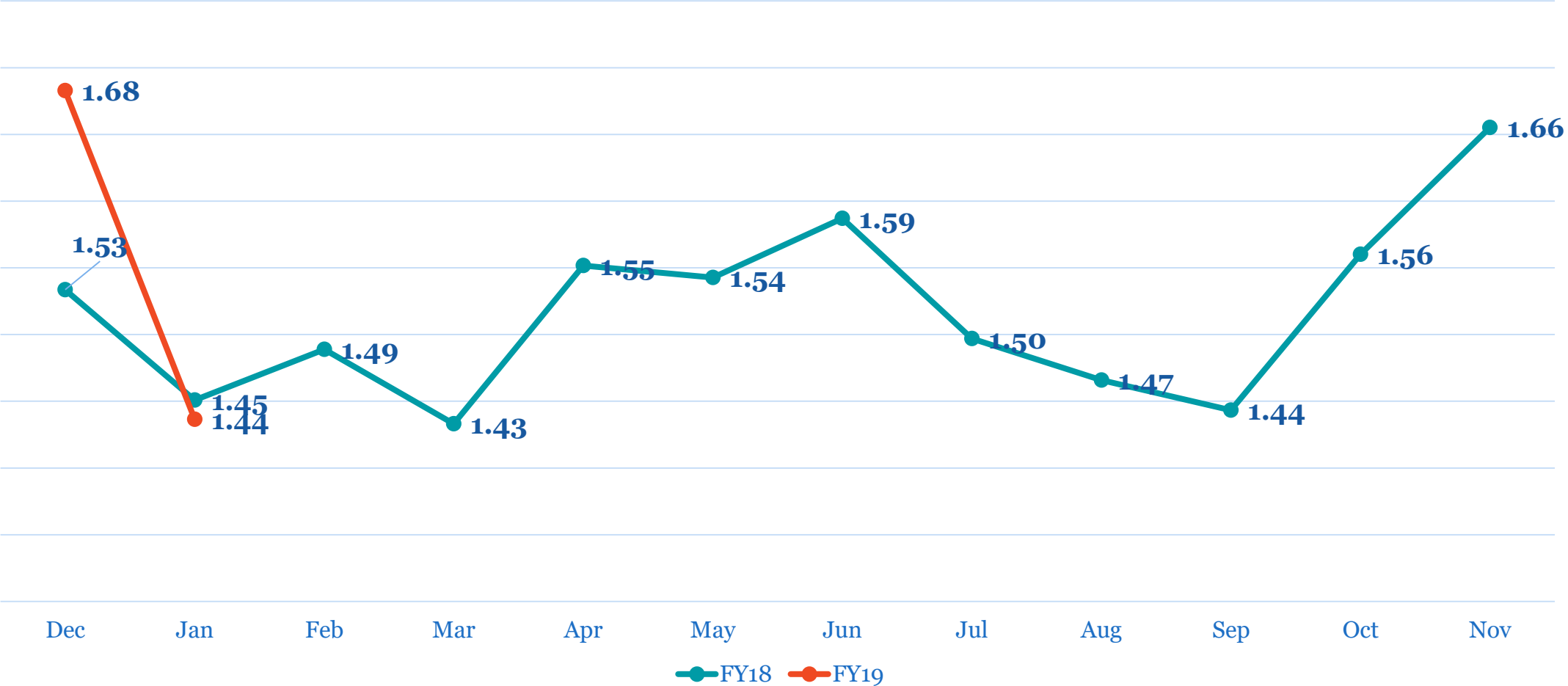
Total Deliveries



Total Surgical Cases



Case Mix Index



Questions?



Cook County Health and Hospitals System
Board of Directors Meeting
Friday, March 29, 2019

ATTACHMENT #6

QPS Quality Dashboard



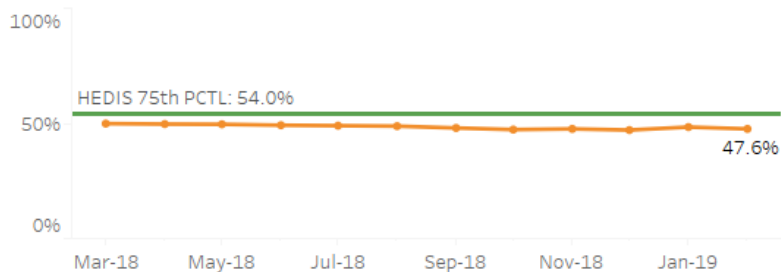
March 29, 2019



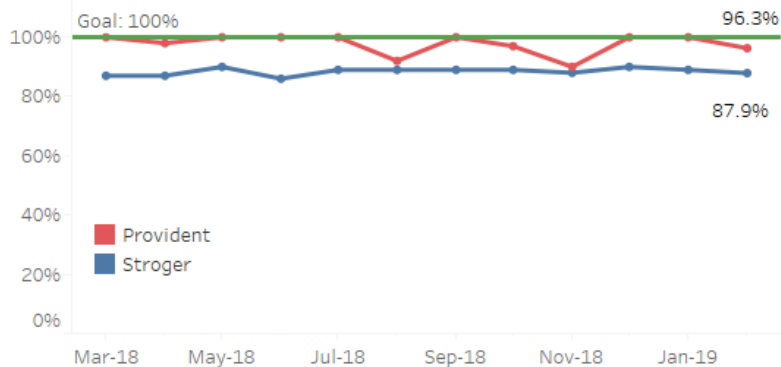


Health Outcomes

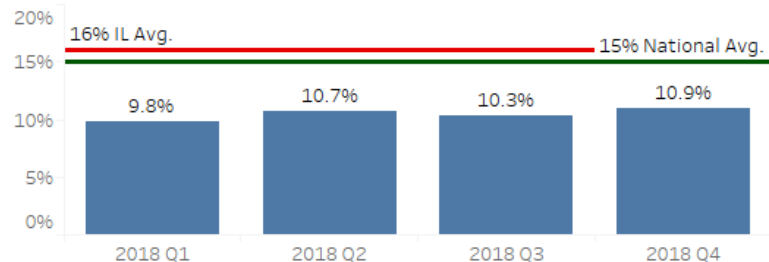
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

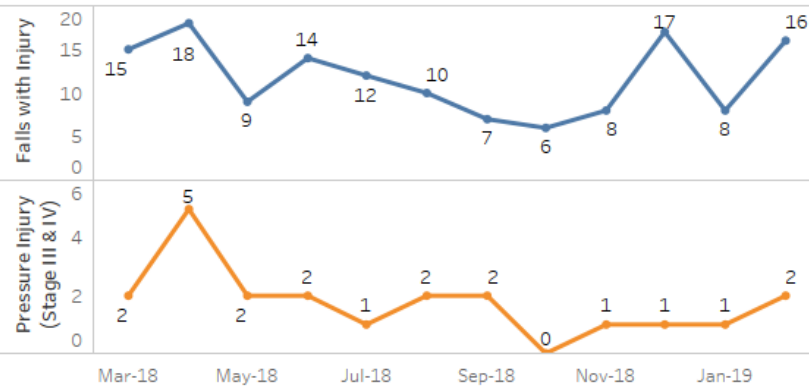


30 Day Readmission Rate

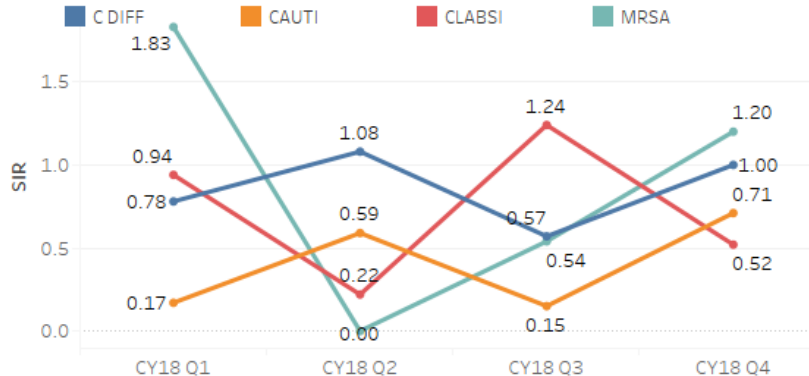


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

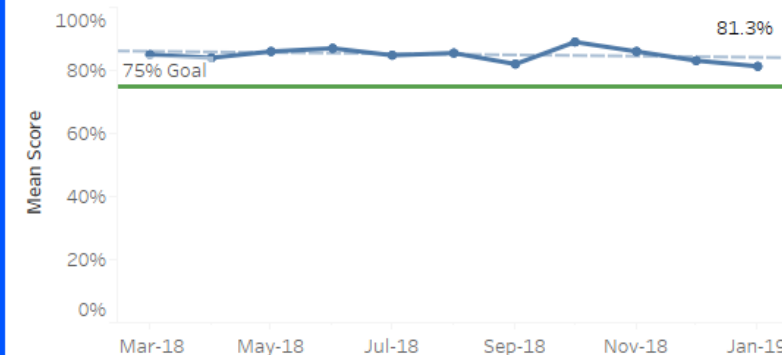


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

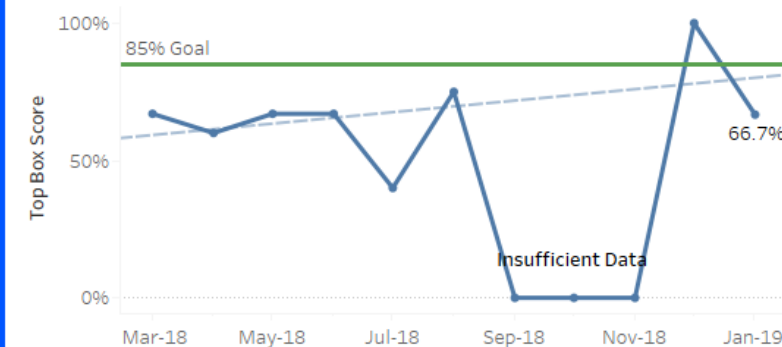
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
C DIFF	2	6	11	4	5	4	2	10	4	4	6	2
CAUTI	1	1	2	1	0	1	0	0	1	3	1	1
CLABSI	1	0	1	0	2	3	0	0	0	2	1	0
MRSA	1	0	0	0	0	1	0	0	1	0	1	0

Utilization

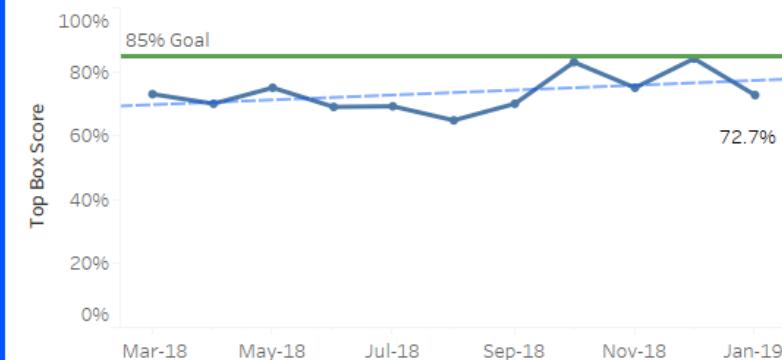
CCHC--Overall Clinic Assessment



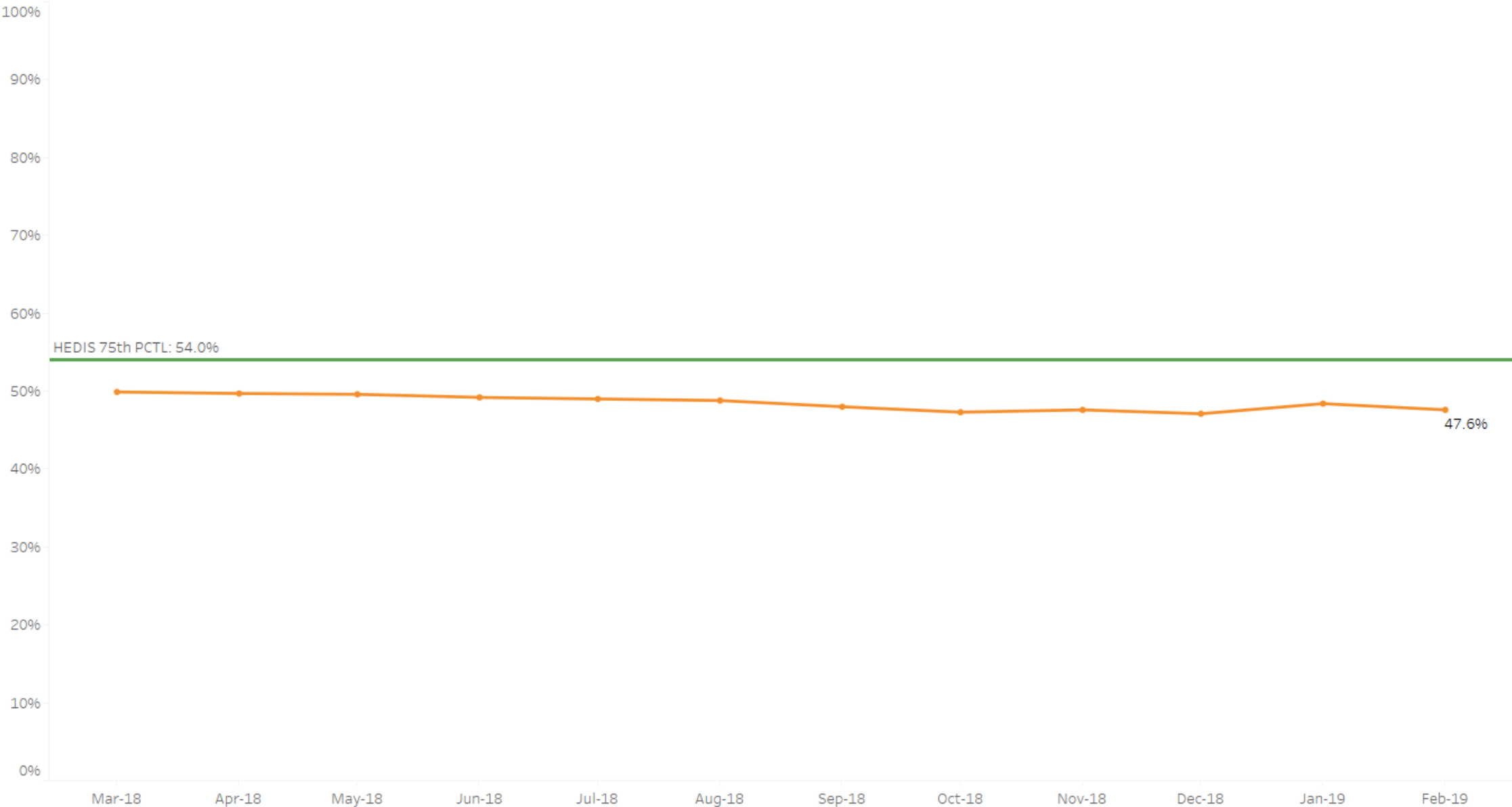
Provident--Willingness to Recommend Hospital

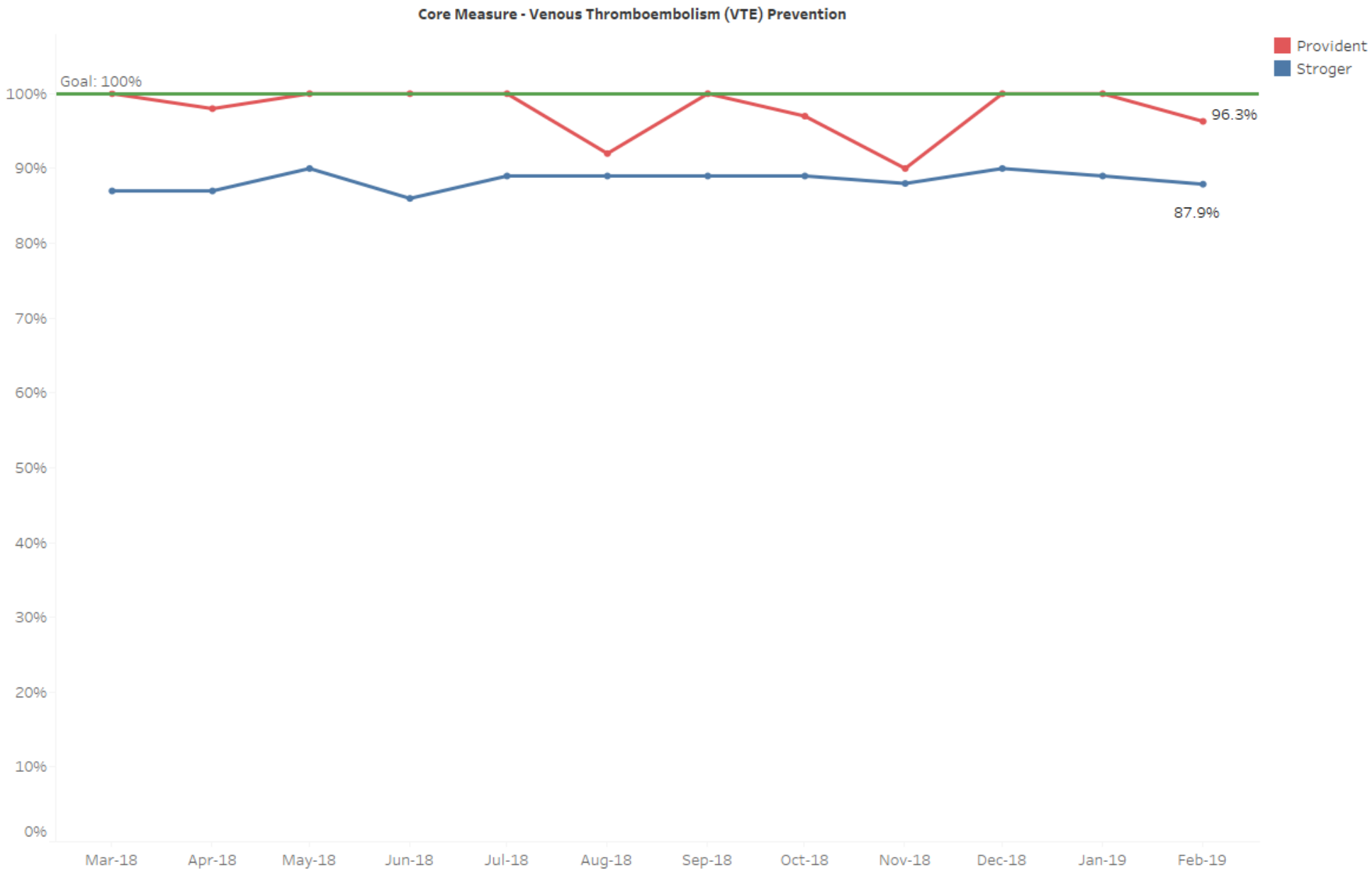


Stroger--Willingness to Recommend Hospital

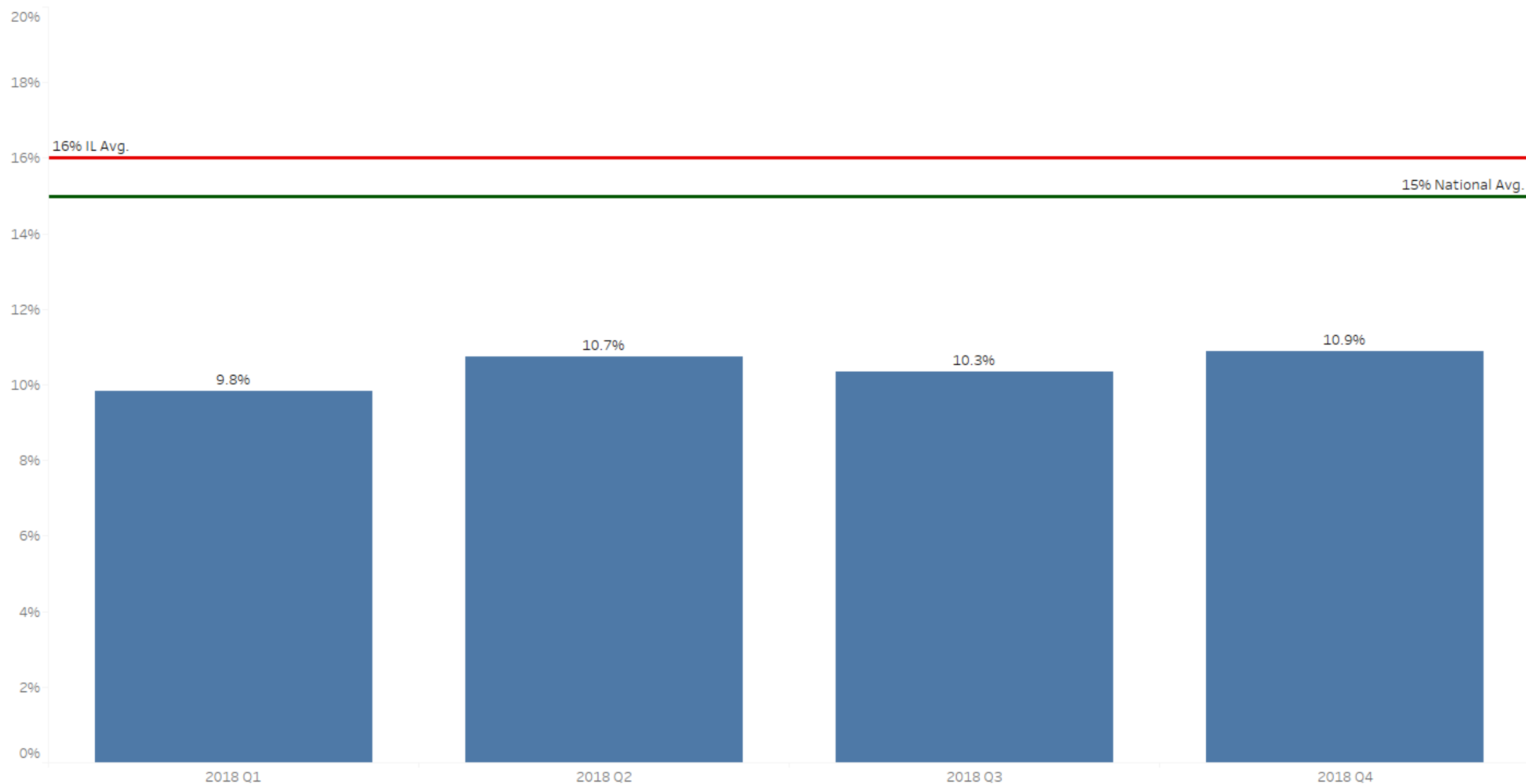


HEDIS - Diabetes Management: HbA1c < 8%

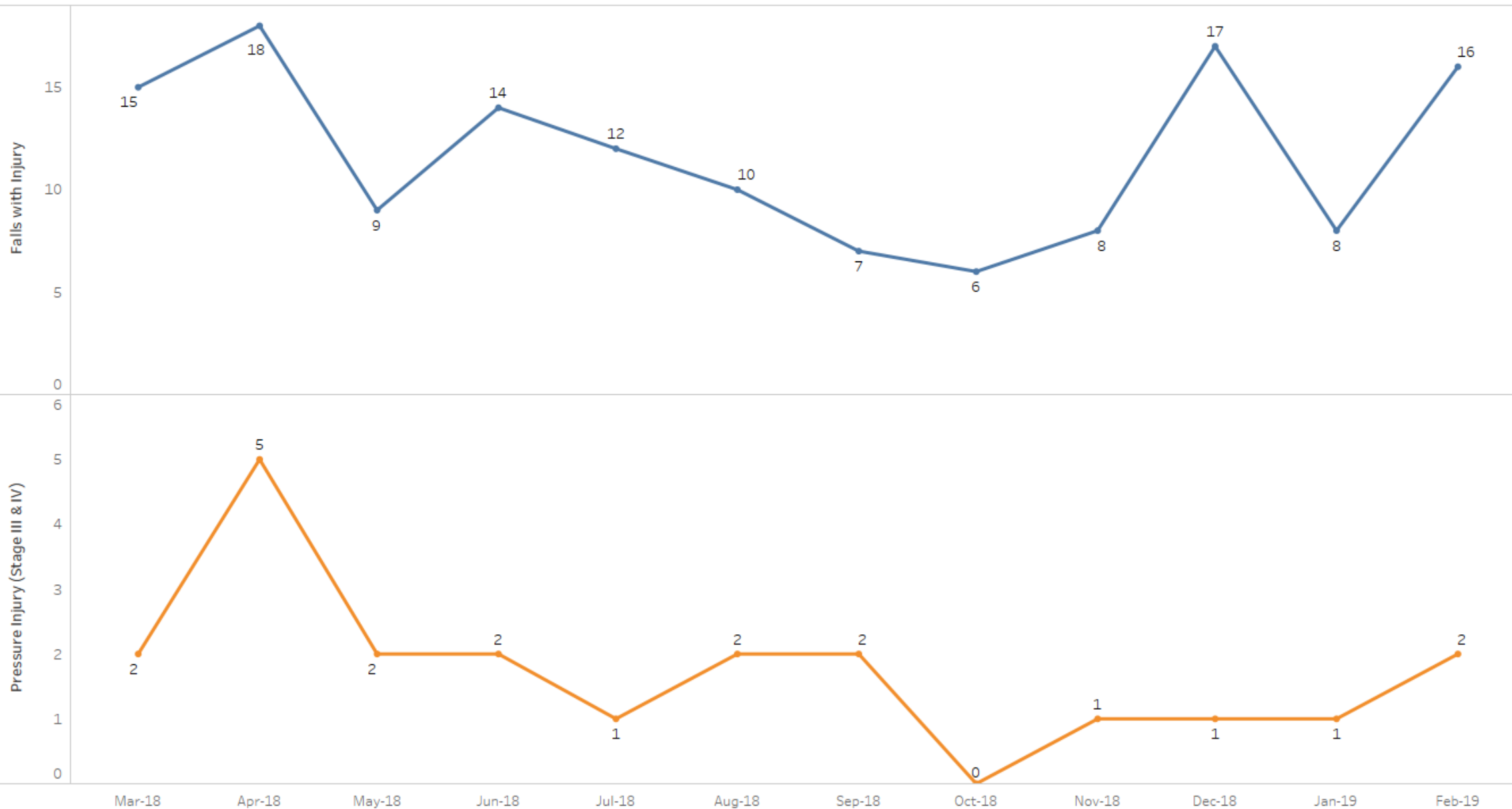


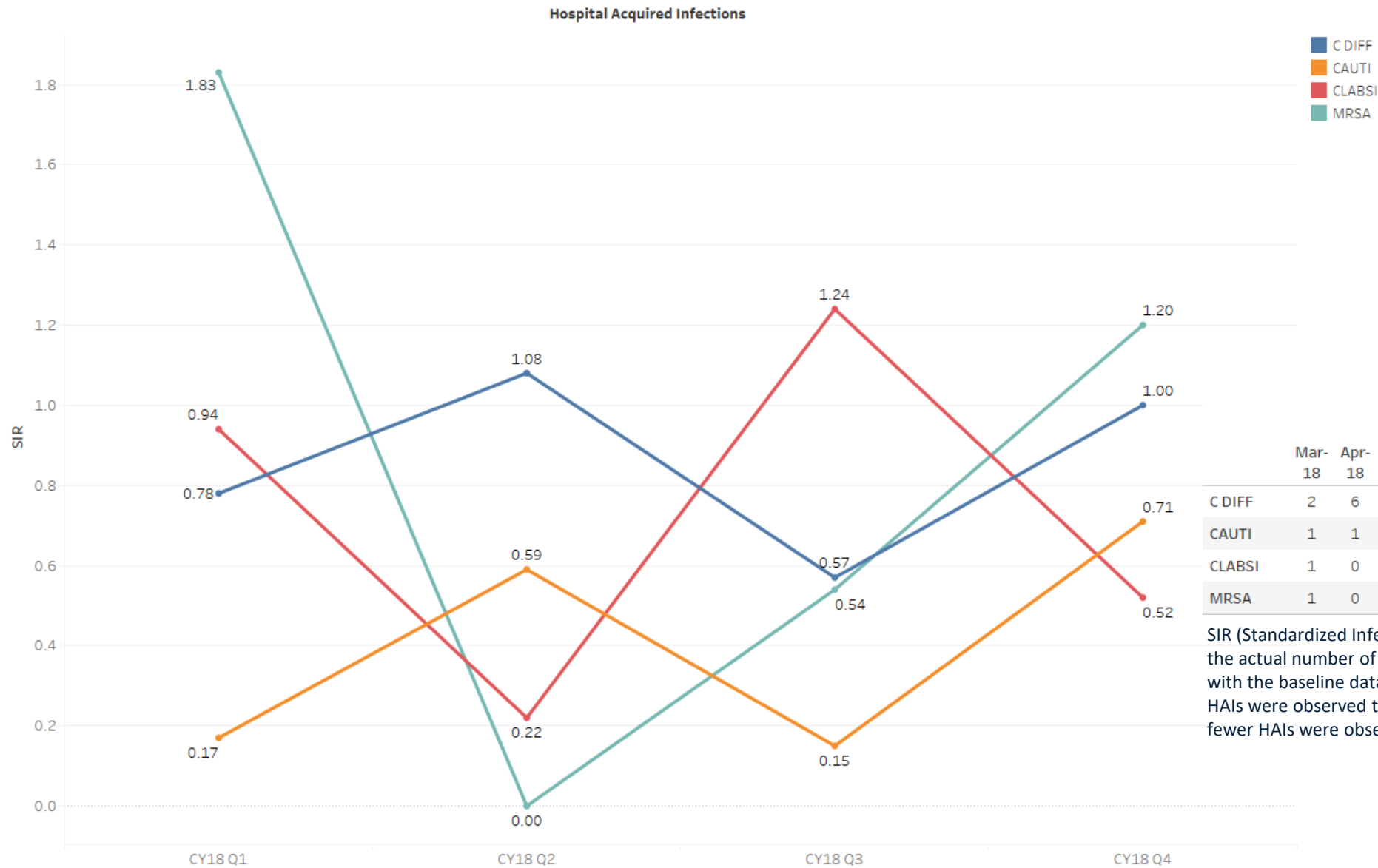


30 Day Readmission Rate



Hospital Acquired Conditions

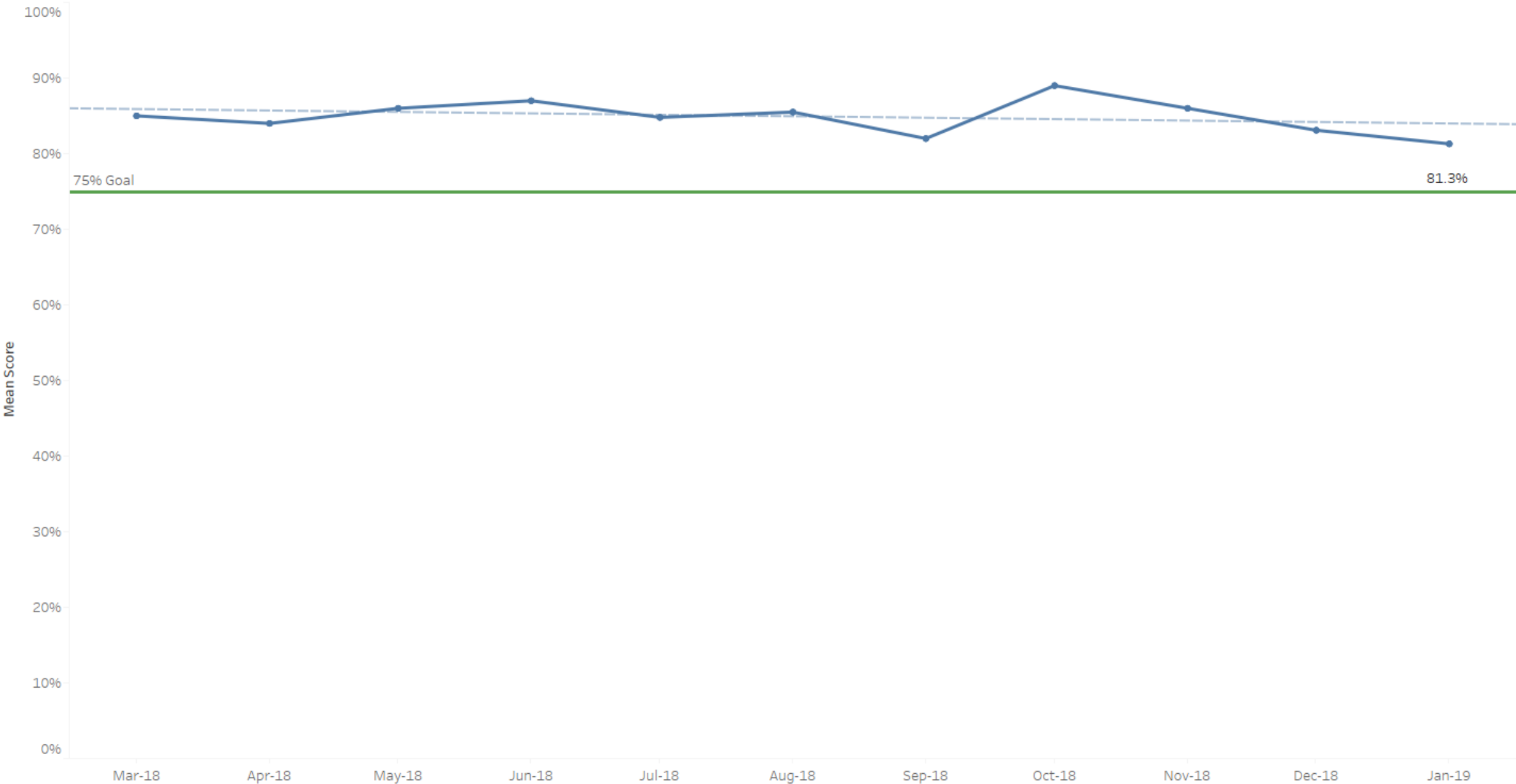




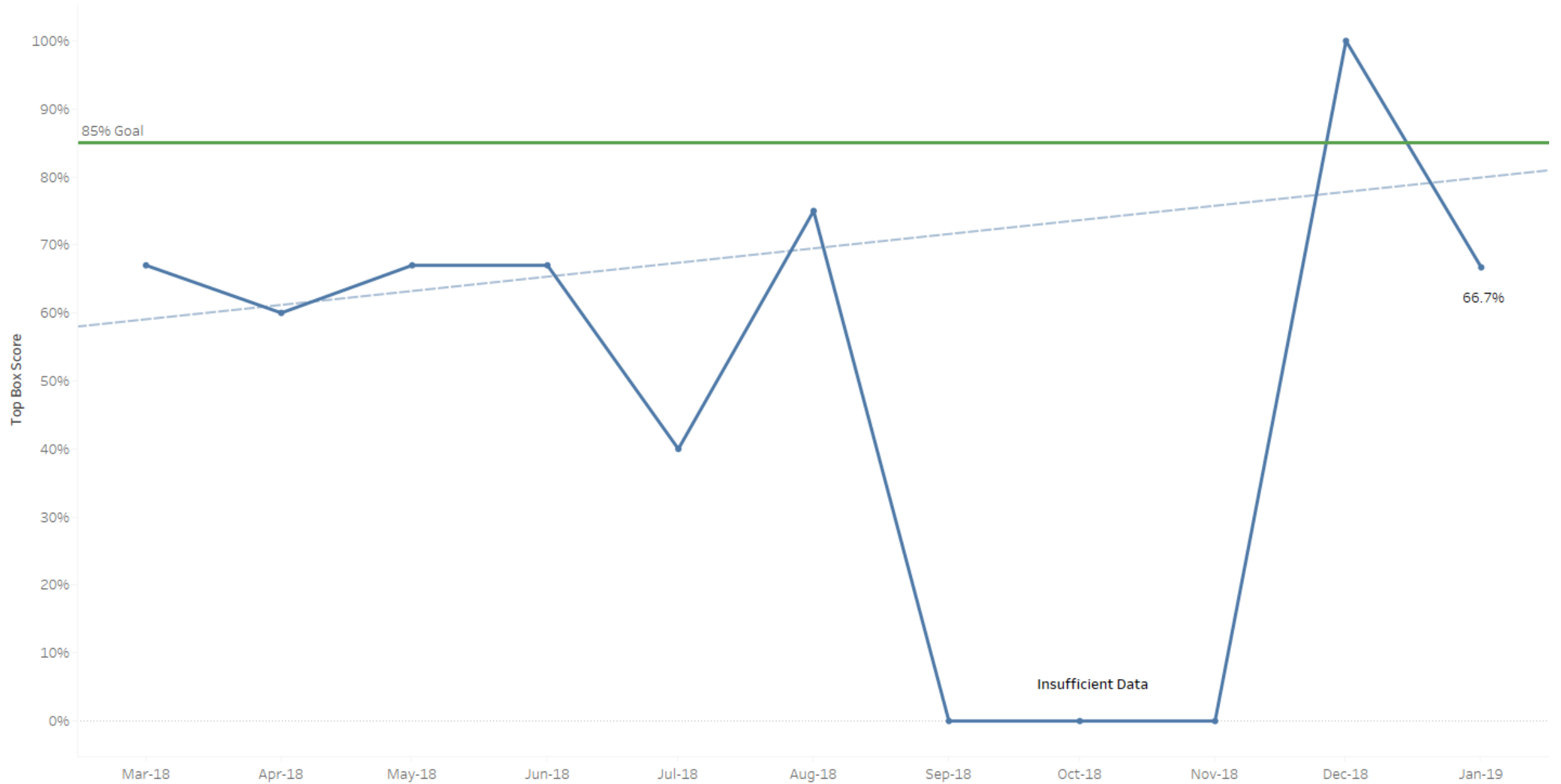
	Hospital Acquired Infections											
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
C DIFF	2	6	11	4	5	4	2	10	4	4	6	2
CAUTI	1	1	2	1	0	1	0	0	1	3	1	1
CLABSI	1	0	1	0	2	3	0	0	0	2	1	0
MRSA	1	0	0	0	0	1	0	0	1	0	1	0

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

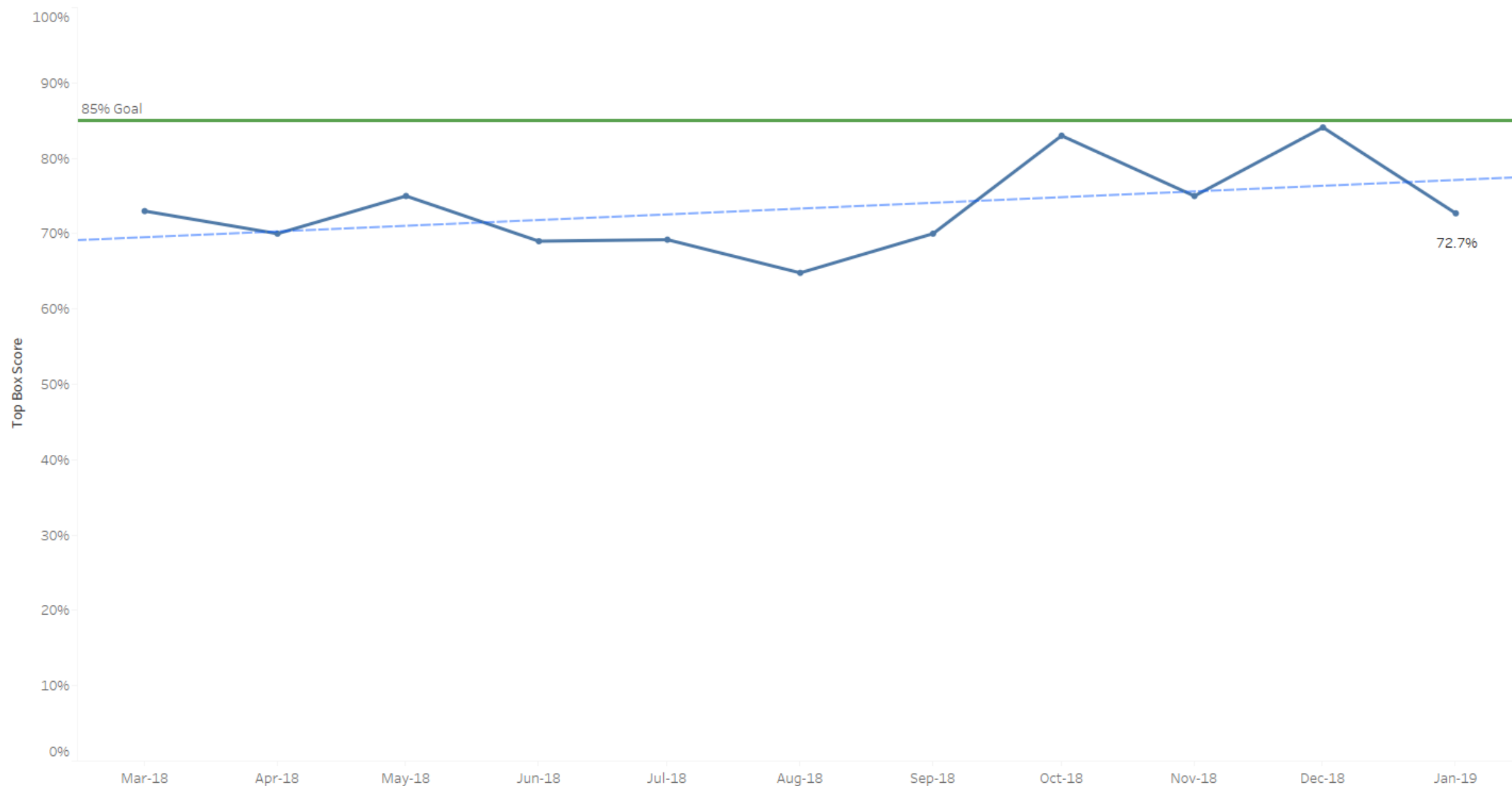
CCHC--Overall Clinic Assessment



Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital



Cook County Health and Hospitals System
Board of Directors Meeting
Friday, March 29, 2019

ATTACHMENT #7

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ITEM VI(A)
MARCH 29, 2019 BOARD OF DIRECTORS MEETING
CONTRACT AND PROCUREMENT ITEM

Request #	Vendor/Entity	Service or Product	Fiscal impact not to exceed:	Method of acquisition	Total # of bidders/ RFP responses / GPO companies available	Affiliate / System	Begins on Page #
Execute Agreement							
1	Analytic Services Network, LLC	For trauma data sharing in support of the hospital participation agreement with the American College of Surgeons	No fiscal impact	n/a	n/a	SHCC	2



Toni Preckwinkle
President, Cook County Board of Commissioners
John Jay Shannon, MD
Chief Executive Officer, Cook County Health

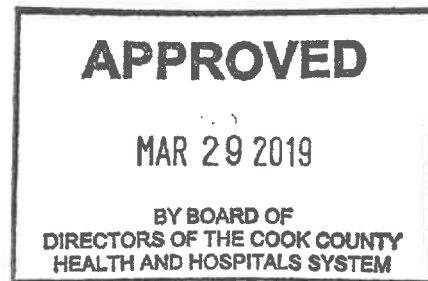
Date: March 25, 2019

To: M. Hill Hammock
Chairman, Board of Directors

From: Ekerete Akpan
Chief Financial Officer

Re: Analytic Solutions Network, LLC Data Services Agreement

Cook County Health ("CCH") hereby advises the CCH Board of its intent to enter into a data services agreement with Analytic Solutions Network, LLC ("ASN") for trauma data sharing in support of our prior hospital participation agreement with the American College of Surgeons. This contract with ASN is necessary in order for the John H. Stroger, Jr. Hospital of Cook County to obtain certification as a verified Level 1 Trauma Center. Although this is a zero dollar contract for CCH, we are bringing this contract to your attention due to ASN's requirement of a mutual indemnification clause that would make each party responsible for the impact of its own privacy and intellectual property violations.



Request
#1

Cook County Health and Hospitals System
Board of Directors Meeting
Friday, March 29, 2019

ATTACHMENT #8



**OFFICE OF THE PRESIDENT
BOARD OF COMMISSIONERS OF COOK COUNTY**

118 NORTH CLARK STREET
CHICAGO, ILLINOIS 60602
(312) 603-4600
TDD: (312) 603-5255

**TONI PRECKWINKLE
PRESIDENT**

February 5, 2019

Chairman and Members of the
Cook County Health and Hospitals Board of Directors
1950 W. Polk Street, Room 9106
Chicago, Illinois 60612

Ladies and Gentlemen:

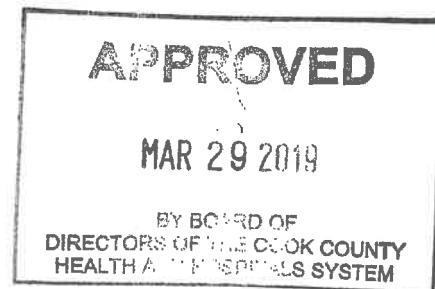
Please be advised that I hereby reappoint Thomas Lanctot to the CORE Foundation for a three (3) year term to begin immediately and expire December 31, 2021.

I submit this communication for your approval.

Sincerely,

A handwritten signature in blue ink that reads "Toni Preckwinkle".

Toni Preckwinkle
President
Cook County Board of Commissioners



Cook County Health and Hospitals System
Board of Directors Meeting
Friday, March 29, 2019

ATTACHMENT #9



COOK COUNTY HEALTH

JOHN JAY SHANNON, MD
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH
REPORT TO THE BOARD OF DIRECTORS
MARCH 29, 2019

Employee Recognition

Alice Cameron, Esther Joo, Freddie Shufford, Jacqueline Boone and Mildred Williamson – Congratulations to the Ruth M. Rothstein CORE Center team who received an award from the AIDS Foundation of Chicago at their annual meeting for 20 years of partnership and setting the pace to advance health equity and justice in Illinois. The CORE Center was established as a partnership between Cook County Health and Rush University Medical Center two decades ago. Since it opened its doors in 1998, the CORE Center has remained one of the largest providers of HIV/AIDS care in the U.S.

Congratulations to this year's Doctor of the Year, **Dr. Irene Aluen Metzner**. Dr. Aluen Metzner is a member of Cook County Health's divisions of general internal medicine and postgraduate medicine in the department of medicine. In addition to being a remarkable clinician, has been a tireless advocate for our patients and residents throughout her 14 years here. She has been involved with quality improvement efforts and has always demonstrated excellence in teaching and patient care.

Dr. Aluen Metzner works at Logan Square and is also the director of our primary care residency program, overseeing the work and curriculum of 12 residents. She is a member of various task groups, even those outside the scope of her practice, to ensure Cook County Health patients are receiving the highest level of care throughout the organization. Dr. Aluen Metzner has also worked to improve the lives of her colleagues. She spearheaded the physician wellness committee and co-leads the Schwartz Rounds, which provides staff with an opportunity to focus on the human dimension of medicine.

Even with everything she has accomplished as a physician, she would say her proudest accomplishment is being a mother to her 12-year-old daughter, Christie, who she admires more than anyone else.

Activities and Announcements

- On Friday, April 12, 2019 at 10:00AM, CCH will hold an official **Ribbon Cutting** at the new Arlington Heights Health Center. Following the ribbon cutting, an open house will be held for the community until noon.
- **Chicago Healthcare System Coalition for Preparedness & Response (CHSCPR) Annual Full-Scale Exercise** will take place on May 2, 2019. The scope of this exercise will focus on CCH's role in response to major incident. This year's scenario encompasses impacts and considerations associated with a multi-hospital evacuation triggered by an imminent threat. All CCH facilities will participate in the drill. The Hospital Incident Command System will be activated for the duration of the drill.

- Leadership has shared several of the **strategic planning** presentations at various CCH leadership groups and received good feedback. The **employee and community town hall meetings** have been scheduled as follows:

April 30, 2019: Stroger Hospital
4pm - Employee Town Hall
6pm - Community Town Hall

May 2, 2019: Provident Hospital
4pm - Employee Town Hall
6pm - Community Town Hall

May 7, 2019: Cicero Community Center
6pm - Community Town Hall

May 9, 2019: Oak Forest Health Center
4pm – Employee Town Hall
6pm – Community Town Hall

- **The Health Resources and Services Administration (HRSA) has awarded \$4,870,000** to Cook County Health in grant funding over five years through its Healthy Start Initiative: **Eliminating Disparities in Perinatal Health** (known as Healthy Start) for the Cook County Healthy Start Initiative project to improve pregnancy outcomes and reduce infant mortality. The aim of the project is to help eliminate perinatal health disparities in Cook County, Illinois by providing case management support for African American women aged 20-35 at risk for poor birth outcomes, along with their infants and father/partners, served across sites by CCH.

- **Food As Medicine Update**

Through March 21, **CCH's Fresh Truck partnership** with the Greater Chicago Food Depository (GCFD) has resulted in 169 visits to 13 CCH health centers – Austin, Cicero, the CORE Center, Cottage Grove, Englewood, Logan Square, Near South, Oak Forest, Prieto, Robbins, Woodlawn, and Provident/Sengstacke. The inaugural Fresh Truck visit to CCH's new Arlington Heights Health Center took place on March 21. The Fresh Trucks have now been deployed at all CCH community sites.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables to 21,790 individuals, representing 71,975 household members, totaling more than 455,000 pounds of fresh produce. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

CCH Fresh Markets provide additional resources to patients in the south suburbs. Fresh produce is supplied by Black Oaks Center, a nonprofit that seeks to create a just, holistic, and local food system through education, entrepreneurship, and access to healthy, affordable foods. CCH partners with Experimental Station's Link Up Illinois Link Match program to offer SNAP users with a match on all purchases at CCHHS Fresh Markets, up to \$20/market/week. The Fresh Market schedule includes:

Oak Forest Health Center on Wednesdays, 9am-2pm
Robbins Health Center on Thursdays, 11am-3pm
Cottage Grove Health Center on Fridays, 9am-2pm

IMPACT 2020 Objectives 1.1, 6.2, 6.3, 7.4

(Select materials and media clips attached)

Legislative Update

State

- More than 6,600 bills and resolutions have been filed in the House and Senate. The deadline for substantive bills to move out of committee is March 29.
- Governor Pritzker has named Robert Muriel as the Director of the Illinois Department of Insurance (DOI). Director Muriel is a civil and commercial lawyer with more than 20 years of experience. He was formerly President of the Hispanic Lawyers Association of Illinois and has served on the Board of Directors for the AIDS Legal Council of Chicago and Almost Home Kids. His appointment requires Senate confirmation.
- The Governor unveiled his proposal for a fair tax system. Illinois currently imposes a 4.95% flat income tax rate.

Governor Pritzker's plan proposes dropping the personal tax rate for the first \$10,000 of income for single and joint filers to 4.75%; income above \$10,000 to \$100,000 would be taxed at 4.9%; income above \$100,000 to \$250,000 would be taxed at 4.95%; income above \$250,000 to \$500,000 would be taxed at 7.75%; income above \$500,000 to \$1M would be taxed at 7.85%; and those earning more than \$1M would be taxed at 7.95%.

The legislature is expected to debate this proposal through the remainder of the spring session. The earliest a graduated income tax could take effect would be in 2021.

- Earlier this month, the House and Senate passed [HB345](#), which seeks to increase the age to purchase tobacco, e-cigarettes, and other nicotine products from 18 to 21 years of age. The House passed the bill by a vote of 82-31-0 with 5 members not voting, and the Senate passed the bill by a vote of 39-16-1. Representative Camille Lilly (D-Oak Park) served as the chief sponsor in the House and Senator Julie Morrison (D-Deerfield) served as the chief sponsor in the Senate. The bill now heads to the Governor's desk. If he signs it, the law would take effect July 1, 2019. Earlier this year, Tobacco 21 was passed by the Cook County Board of Commissioners covering unincorporated Cook County.

Federal

- Congress emerged from the shut-down crisis in mid-February and over the past four weeks has begun to take up its legislative and oversight responsibilities, although with a sense of urgency since everything is starting about six weeks later than normal. The President's budget was released on March 11, marking the official beginning of the budget and appropriations process. The outlook for passing all twelve bills before the end of the fiscal year September 30, is clouded by the fact that Congress has yet to agree to a deal to lift the statutory discretionary spending caps, avoid sequestration and proceed with the appropriations process. Additionally, the debt ceiling expired on March 2, though the U.S. Department of the Treasury can continue to meet obligations using "extraordinary measures" until late September or early October 2019. All point to major negotiations in September.
- **Budget and Appropriations** – The White House submitted the President's FY 2020 budget request to Congress on March 11. In addition to proposing sweeping cuts to health programs in the U.S. Department of Health and Human Services, it made the following proposals:

Repeal and Replace: The budget calls for Congress to pass legislation similar to the September 2017 Graham-Cassidy bill, which would repeal the ACA Medicaid expansion, make states choose a Medicaid per capita cap or a Medicaid block grant, and replace the expansion and the ACA subsidies with grants to states to support state-based coverage programs.

Medicaid DSH cuts: The budget calls for legislation to extend the Medicaid DSH cuts, arguing that legislation like Graham-Cassidy would provide states with grants to extend coverage to those formerly covered under the ACA.

HIV/AIDS Initiative: The budget proposes \$120 million for the Health Resources and Services Administration (HRSA) to deliver additional care and treatment for people living with HIV through the Ryan White HIV/AIDS Program and to expand prevention and treatment through the Health Centers program. The domestic increases are offset by steep cuts to international HIV/AIDS spending.

- \$140 million in new funding for CDC to improve diagnosis and testing/connect patients to treatment, provide PrEP to at risk individuals
- \$70 million in new funding for Ryan White HIV/AIDS Program
- \$50 million in funding for the HRSA to expand services in community health center
- \$25 million in new funding for Indian Health Service (U.S. Department of the Interior) for HIV screening, Hep C prevention

While a divided Congress will not advance the President's "repeal and replace" agenda and there is bipartisan interest in funding public health programs at levels higher than proposed in the budget, the budget is an important statement of policy objectives and an indication of what the Administration would aim to do if it had the votes in Congress.

House and Senate committees are currently holding hearings to question Administration officials on the details of their agencies' budget requests and collecting input from constituents and stakeholders. If a deal to lift the budget caps does not come together soon, the appropriations subcommittees will begin to work with this year's appropriated amounts as a baseline.

- **Medicaid** – The Administration continues to work to bend Medicaid consistent with longstanding conservative proposals. On March 15, CMS approved Ohio's request for an 1115 waiver to impose work requirements on non-elderly adults, the latest in a string of approvals, even while the earlier Arkansas and Kentucky waivers are being actively litigated. In addition, published reports continue to emerge of CMS working quietly with conservative-led states to propose a waiver to convert their Medicaid programs to a block grant or a per capita capped system. When and if any of those waivers are granted, they will certainly be challenged in court as exceeding the Administration's waiver authority and running counter to the purposes of the Medicaid program.

On March 15, the Medicaid and CHIP Payment Advisory Committee (MACPAC) released its March 2019 report to Congress. MACPAC recommends easing the scheduled statutory cuts to Medicaid DSH by (1) phasing in the cuts over a longer period of time, (2) applying the cuts to states with unspent DSH allotments first and (3) reforming the DSH allocation methodology to gradually align DSH allocations to reflect the non-elderly low income population in a state. Congress is under no obligation to accept MACPAC recommendations, but they are generally influential. Current conversations on the Hill suggest that a DSH cut delay could move in the late summer or early fall as part of a larger health extenders package, perhaps in conjunction with other health related legislation, like a bill to address prescription drug costs.

- **Gun Control** – On February 27 the House passed H.R. 8, the Bipartisan Background Checks Act, which would set up new background check requirements for firearm transfers between private parties. It would prohibit a transfer between private parties unless a licensed gun dealer, manufacturer, or importer first takes possession of the firearm to conduct a background check. Senate leadership will not take up the bill.

Protection of Medicaid remains a key priority for CCHHS at both the State and Federal level.

Community Outreach

- April 3 Cook County Health and CountyCare promotion at **Malcolm X College Service Days**, hosted by the **Wellness Center of Malcolm X College** at the school located at 1900 W. Jackson Boulevard in Chicago. This event for the students and community will provides services such as health insurance enrollment, counseling, mental health support services and nutrition education, to name a few. The HIV testing team from the **Austin Health Center CDC** will do HIV tests at this event.
- April 4 Cook County Health and CountyCare promotion at the **Cook County Department of Public Health's Annual School Health Conference** titled "**Better Health: The Foundation of Education**" which will take place at Moraine Valley Community College located at 9000 College Street in Palos Hills. CCDPH and other public health, nursing and school health experts will provide updates related to mental health resources, chronic illness and disease prevention, outbreaks and emergency preparedness.
- April 4 Cook County Health and CountyCare promotion at the **New Covenant Missionary Baptist Church's Senior Expo 2019** which takes place at the church located at 754 E. 77th Street in Chicago. The expo is open to seniors, age 62 and over and offers information/educational materials, demonstration or service for attendees. The event will also offer varies health screenings, including blood pressure screening, glucose and cholesterol screenings.
- April 4 Cook County Health and CountyCare promotion at the **Wilbur Wright College Disability Awareness Day and Diversity Fair**, hosted by **City Colleges of Chicago's Wright College**, at the northwest campus located at 4300 North Narraganset Avenue in Chicago. The goal of the event is to connect students and community members with disabilities with Wilbur Wright College and external services that support their educational, social, employment, housing, financial and overall well-being.
- April 6 Cook County Health and CountyCare promotion at the **Posen-Robbins School District 143.5 Health & Wellness Fair** which takes place at the Thomas J. Kellar Middle School located at 14123 Lydia Avenue in Robbins. This event promotes health in the community and informs parents and students about local resources.
- April 6 Cook County Health and CountyCare promotion at the **National Kidney Foundation of Illinois' Living with Kidney Disease and Transplantation Seminars**, which will take place at Oakton Community College located at 1600 E. Golf Road in Des Plaines. Throughout the year, the NKFI organizes a calendar of free, educational seminars focused on connecting patients and caregivers with resources and information.
- April 6 Cook County Health and CountyCare promotion at the **Hanover Park Community Health & Resource Fair**, hosted by **Mayor Rodney Craig's and the Hope Coalition** at the Hanover Park-Park District located at 1919 Walnut Avenue in Hanover Park. Our CCH team will specially promote the **new Arlington Heights Health Center**, which is located not too far away from this area.
- April 6 Cook County Health and CountyCare promotion at the **Grupo Salto Conference**, hosted by the **Arc of Illinois' Grupo Salto** at the Hope Learning Academy of Chicago located at 1628 W. Washington Boulevard in Chicago. This conference brings together Spanish-speaking people with disabilities and provides them with the opportunity to update, inform, celebrate our achievements, and remind us to recharge our commitment to continue empowering families and others on behalf of people with different abilities.
- April 10 Cook County Health and CountyCare promotion at the **Week of the Young Child (WOYC) Community Expo** sponsored by the **National Association for the Education of Young Children/Forest View Educational Center** at the Forest View Educational Center Field House located at 2121 S. Goebbert Road

in Arlington Heights. Staff from CCH's **Arlington Heights Health Center** will participate to promote its pediatric and family medicine initiatives to attendees.

- April 10 Cook County Health promotion at the **Marillac St. Vincent Family Services - Marillac Social Center Pantry and Resource Fair** which is sponsored by the Marillac Social Center and takes place at the Center located at 212 S. Francisco in Chicago.
- April 11 Cook County Health and CountyCare promotion at the **Week of the Young Child 2019 Community Resource Fair** sponsored by **All Our Kids Early Childhood Network** at the Cicero Community Center located at 2250 S. 49th Avenue in Cicero. Staff from the **Cicero Health Center** will attend to promote their pediatric, family medicine and OB services to attendees.
- April 11 Cook County Health and CountyCare promotion at the **Enlace Chicago Health and Resource Fair** which will take place at the Little Village Lawndale High School located at 3120 S. Kostner Avenue in Chicago. **Enlace Chicago** is partnering with schools in the Little Village community to offer health and resource fairs throughout the community. These health and resource fairs will feature various area agencies and community partners offering health testing, health information and much more.
- April 12-14 Cook County Health and CountyCare promotion at the **Black Women's Expo** at McCormick Place located at 2301 S. Lake Shore Dr. in Chicago. Over 25,000 people attend this 3-day event and competing health plans and hospitals systems will be exhibiting at the Expo. Black Women's Expo aims to educate, engage, and enlightened women of color in a number of business, community, and health resources. Staff from the Englewood, Near South, Provident, Stroger and Woodlawn have volunteered to represent us at this event. In addition, on Saturday, April 13, **Dr. Claudia Fegan** will lead a round-table discussion on Men's Health with panelists **Dr. Arnold Turner, Dr. Courtney Holloway and Dr. Brian Humphrey**.
- April 13 Cook County Health and CountyCare promotion at the **District 130 Family Wellness Fair** sponsored by the **Cook County School District 130 in partnership with Blue Island/Robbins Neighborhood Network** which takes place at the Veteran's Memorial Middle School located at 12320 S. Greenwood Avenue in Blue Island. This event promotes health in the community and informs parents and students about local resources.
- April 13 Cook County Health and CountyCare promotion at the **Midlothian School District 143 Annual Family Resource Fair** which takes place at the Central Park School located at 3621 W. 151st Street in Midlothian. This event promotes health in the community and informs parents and students about local resources.
- April 13 Cook County Health promotion at **Congresswoman Robin Kelly's 6th Annual Youth Job Expo** which will take place at Rich South High School located at 5000 Sauk Trail in Richton Park.
- April 15 Cook County Health promotion at the **Marillac St. Vincent Family Services - Marillac Social Center Pantry and Resource Fair** which is sponsored by the Marillac Social Center and takes place at the Center located at 212 S. Francisco in Chicago.
- April 16 Cook County Health promotion at the **17th Legislative District Community Job Fair**, hosted by **State Senator Elgie Sims, Cook County Commissioner Stanley Moore, and State Representative Justin Slaughter** at the Chicago State University Emil & Patricia Jones Convocation Center located at 9501 S. King Drive in Chicago.
- April 18 Cook County Health and CountyCare promotion at the **Peer Plus Health Fair** which will take place at the Martin Luther King Community Center located at 4314 S. Cottage Grove in Chicago.

- April 27 CCHHS' Provident Hospital and Sengstacke Health Center host the annual **4 Men Only Health and Wellness Fair** which provides health screening including eye, blood pressure, HIV and Hep C tests, to over 400 men who attend the event. This year marks the 23rd anniversary of this successful event. The event takes place at Provident Hospital located at 500 E. 51st Street in Chicago.
- April 27 Cook County Health and CountyCare promotion at the **National Kidney Foundation of Illinois' Living with Kidney Disease and Transplantation Seminars**, which will take place at Harry S. Truman College located at 1145 W. Wilson Avenue in Chicago. Throughout the year, the NKFI organizes a calendar of free, educational seminars focused on connecting patients and caregivers with resources and information.
- April 27 CountyCare promotion at the **Beloved Community Health Center's Family Wellness Health Fair "Wellness Rocks"** which will take place at the Robbins Resource Center located at 13800 S. Trumbull Avenue in Robbins.
- April 27 Cook County Health and CountyCare promotion at the **Día del Niño Celebration** which is hosted by **Presence Behavior Health Centro de Salud Familiar, Westlake Hospital, Family Focus Nuestra Familia and School District 89** at Melrose Park Civic Center located at 1000 N. 25th Avenue in Melrose Park. The Day of the Child Celebration features raffles, piñatas and prizes. Health tests to measure glucose, cholesterol, blood pressure check, prostate cancer and Body Mass Index will be available as well as free services including haircuts, development evaluations, exercise sessions, depression tests and mental health information.
- April 27 Cook County Health and CountyCare promotion at the **Buehler YMCA Healthy Kids Day**, sponsored by YMCA Metro Chicago, which will take place at the facility located at 1400 W. Northwest Highway in Palatine. Staff from CCH's **Arlington Heights Health Center** will participate to promote its pediatric and family medicine initiatives to attendees.
- April 27 Cook County Health and CountyCare promotion at the **West Park Academy Health and Resource Fair**, sponsored by the **Sinai Health Institute**, and which will take place at West Park Academy located at 1425 South Tripp in Chicago.

The Fresh Food Truck visits for the month of April include the following ACHN Health Centers.

- April 2 – **Cicero Health Center** – 5912 W. Cermak Road, Cicero, IL 60804
- April 4 – **Austin Health Center** - 4800 W. Chicago Avenue, Chicago, IL 60651
- April 9 – **Cottage Grove Health Center** - 1645 Cottage Grove Avenue, Ford Heights, IL 60411
- April 16 - **Robbins Health Center** - 13450 S. Kedzie Avenue, Robbins, IL 60472
- April 18 – **Englewood Health Center** - 1135 W. 69th Street, Chicago, IL 60621
- April 18 – **Near South Health Center** – 3525 S. Michigan, Chicago, IL 60653

Cook County Health and Hospitals System
Board of Directors Meeting
Friday, March 29, 2019

ATTACHMENT #10

Strategic Planning FY2020- 2022

Clinical Activity, Utilization and Operational Efficiency

Debra D. Carey, SM

Deputy Chief Executive Officer, Operations

March 29, 2019



COOK COUNTY
HEALTH

CCH Provider Services



Provider Overview

Patient Demographics & Origin

Patient Insurance Profile

Clinical Activity, Utilization & Operational Effectiveness

Impact 2020 Update

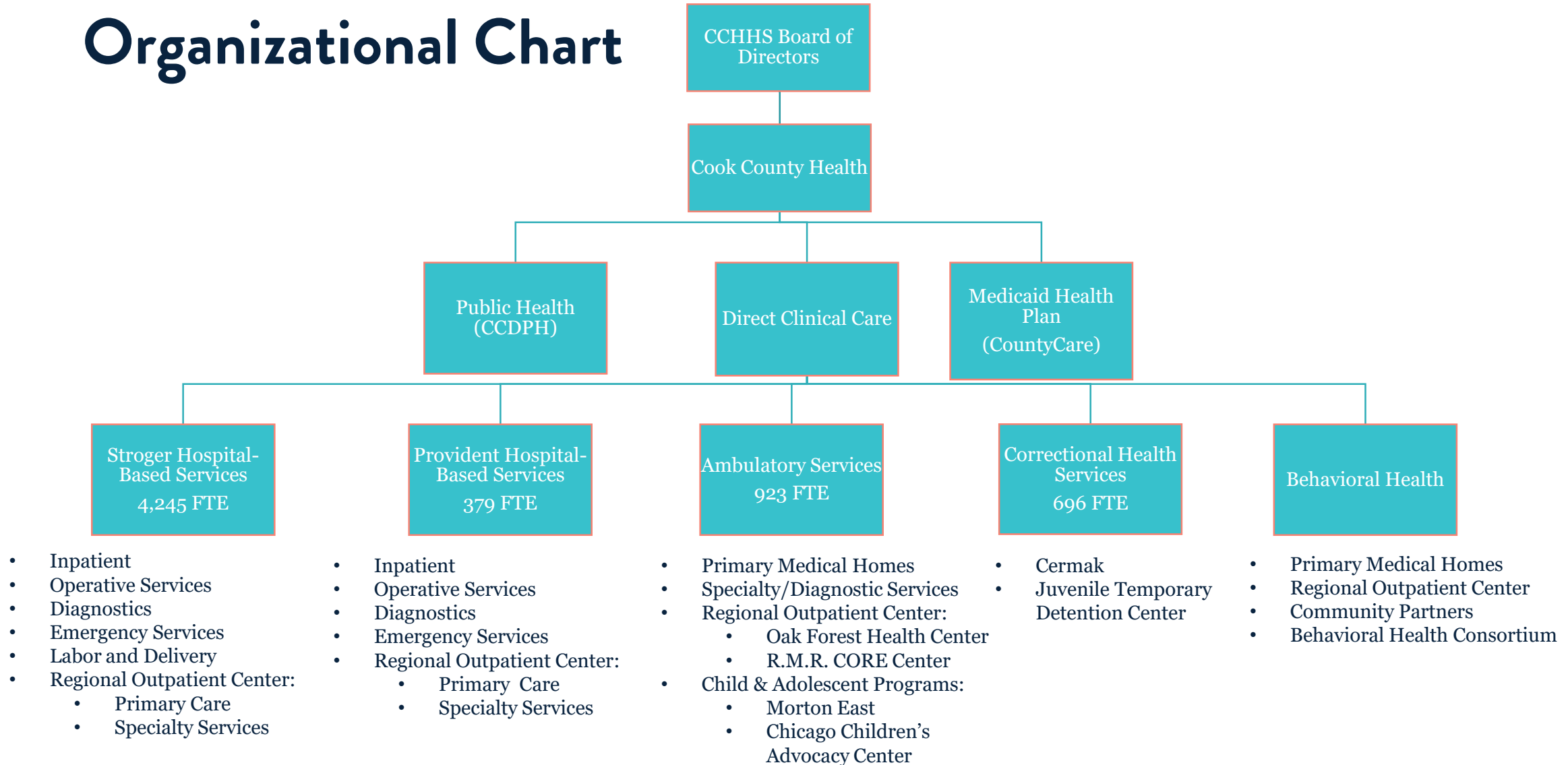
FY2020 - 2022



CCH Mission

To deliver integrated health services with dignity and respect regardless of a patient's ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; and advocate for policies which promote and protect the physical, mental and social well-being of the people of Cook County.

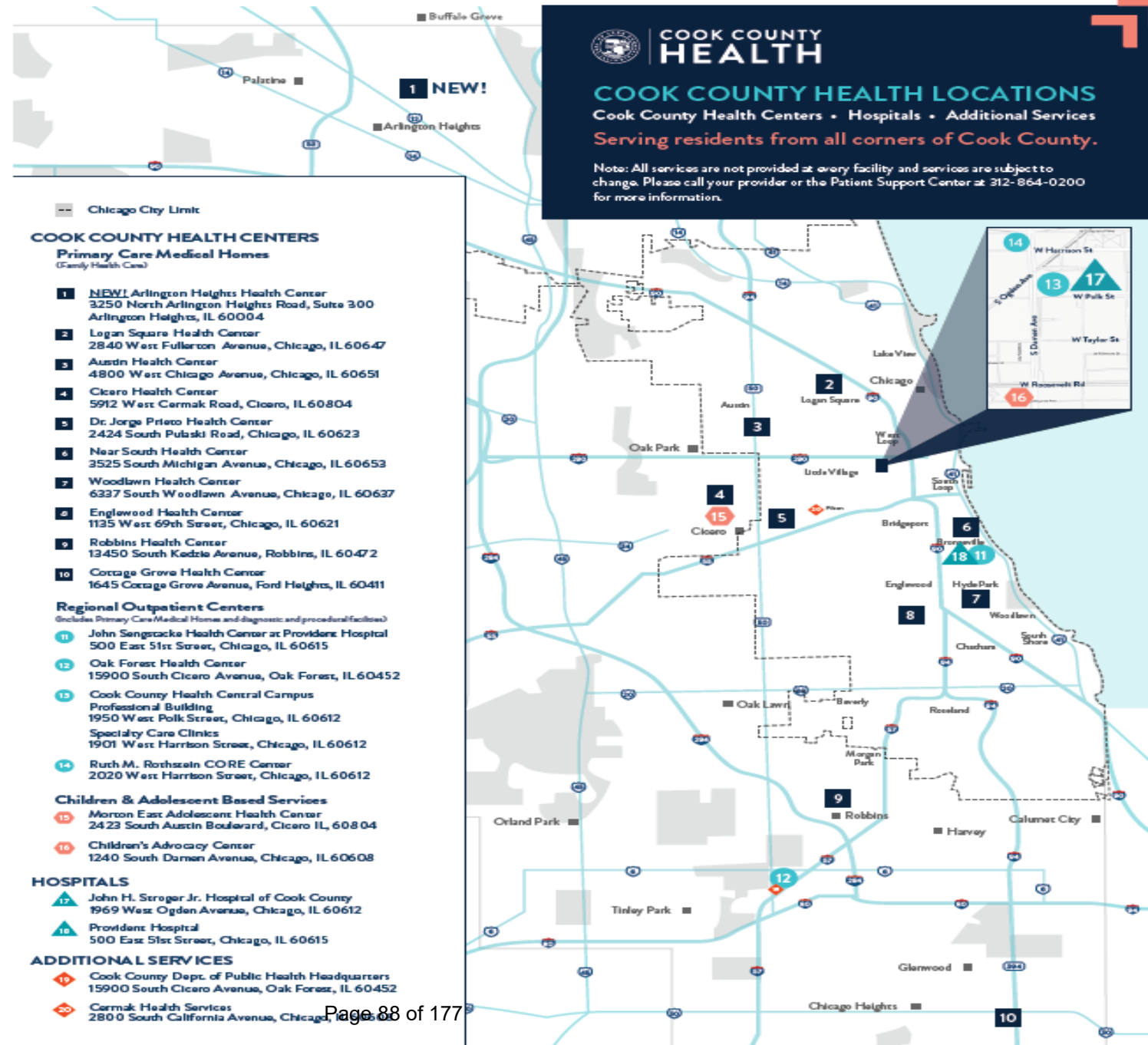
Organizational Chart



CCH Provider Locations



COOK COUNTY
HEALTH



Current CCH Services – Preventative, Acute, Chronic

MEDICAL	SURGICAL	EMERGENCY	OTHER
Cardiology	Breast	Trauma	<i>Family Medicine</i>
Dermatology	Colon Rectal	Burn	<i>Pediatrics</i>
Diabetes & Endocrinology	Ophthalmology	Rehabilitation	<i>Anesthesiology & Pain</i>
Gastroenterology	Oral Maxillofacial	Adult Emergency	<i>Radiology</i>
Infectious Disease	ENT	Pediatric Emergency	<i>Psychiatry</i>
Internal Medicine	Pediatric		<i>Obstetrics & Gynecology</i>
Hospital Medicine	Orthopedics		<i>Oral Health</i>
Nephrology	Surgical Oncology		<i>Pathology</i>
Oncology & Hematology	Urology		<i>Employee Health</i>
Pulmonary	Vascular		
Rheumatology	Neurosurgery		
	Plastic Surgery		

Ambulatory Services:

Community Centers and Regional Outpatient Centers

PRIMARY CARE SERVICES	SPECIALTY SERVICES
Primary Care	Mammograms
Preventative Care	Oral Health
Immunizations	Eye Care
Pregnancy & Women's Health	Mental Health
Children's Health	Referrals to Specialists
Healthcare for Seniors	Imaging
	Laboratory Services
	Interpreter Services

Overview of CCH Activity

FY2018 Volume

Facility	Inpatient/Observation Discharges	Emergency (includes Adult, Peds, Trauma & LWBS)	Outpatient	Other
Stroger	27,873	121,740	113,502	3595
PROV	1,214	30,794	23,531	5
ACHN * (includes CORE, Children's Advocacy & Sengstacke)	---	---	739,985	297
Correctional Health	---	---	44,051**	---

Total FY2018 Charges= \$1.69B

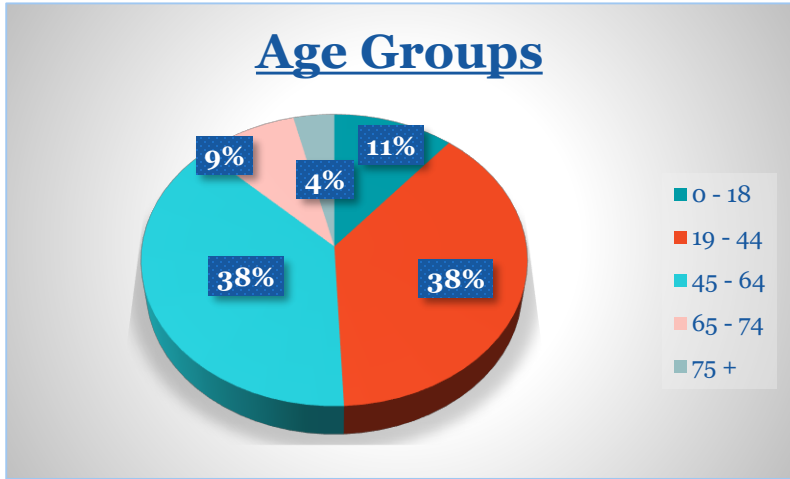
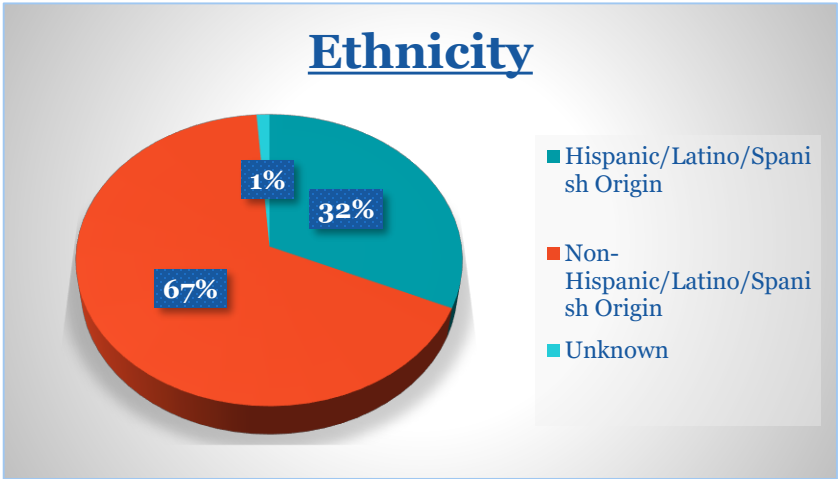
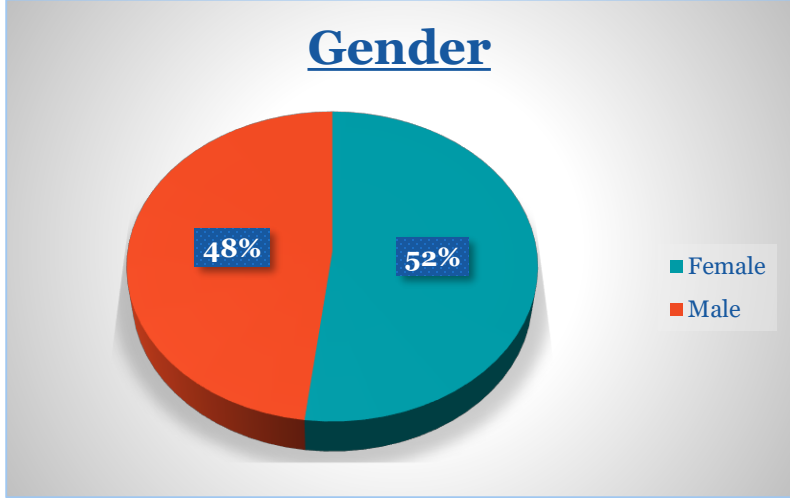
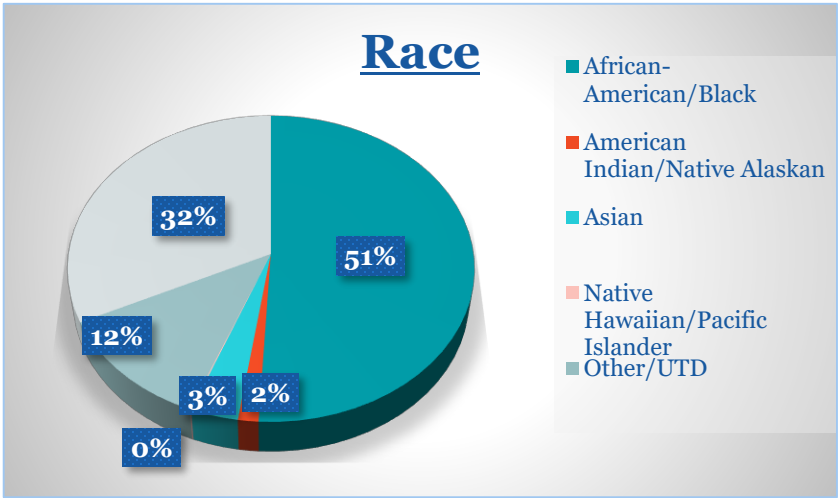


CCH Patient Demographics & Origins

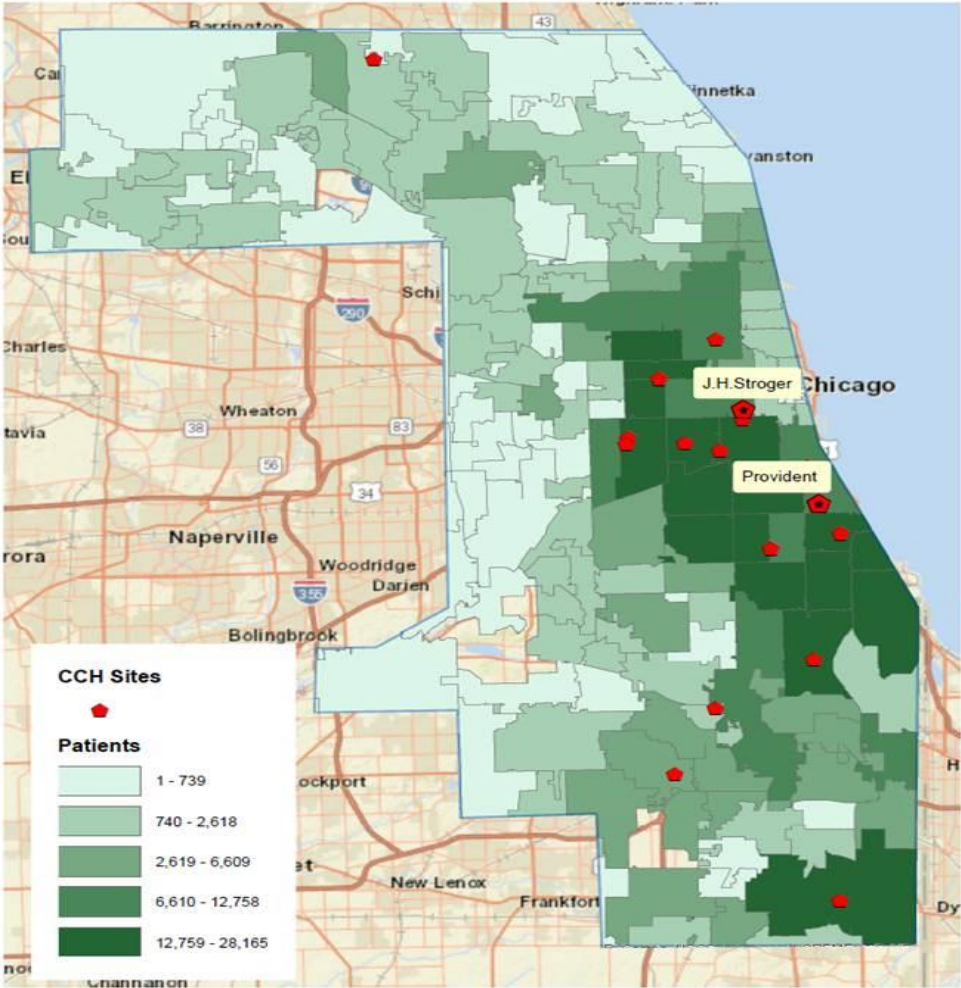


COOK COUNTY
HEALTH

FY2018 Overview of CCH Patients Demographics



FY2018 CCH Patients by Zip Code



Summary of Patient Geography

Maps (in the Appendix)

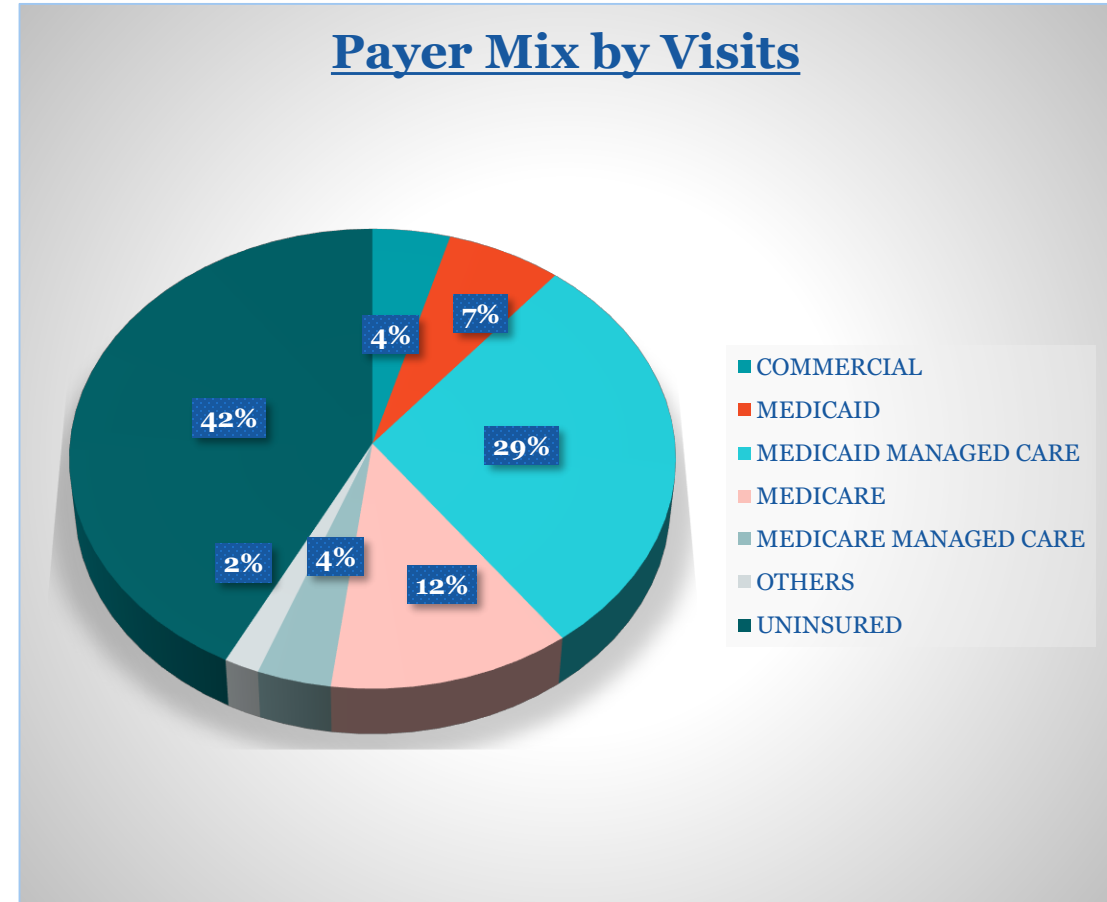
- Patient origins are shown by facility and service received
 - Registrations, Discharges, Primary Care Visits, Specialty Care Visits – CCH Patients
- Reflect services provided across the county to >200,000 unique patients
- Patients receiving services come from areas with target populations (Medicaid, low income, uninsured)
- Patients receiving services at specific facilities come predominantly from primary and secondary zip code catchment areas

CCH Patient Insurance Profile



FY2018 CCH Patient Visits by Payer Group

Payer	Total Visits
COMMERCIAL	4.4%
MEDICAID	6.5%
MEDICAID MANAGED CARE	28.9%
MEDICARE	12.2%
MEDICARE MANAGED CARE	3.7%
OTHERS	1.8%
UNINSURED	42.5%



CCH Patients from Many Insurers in FY2018

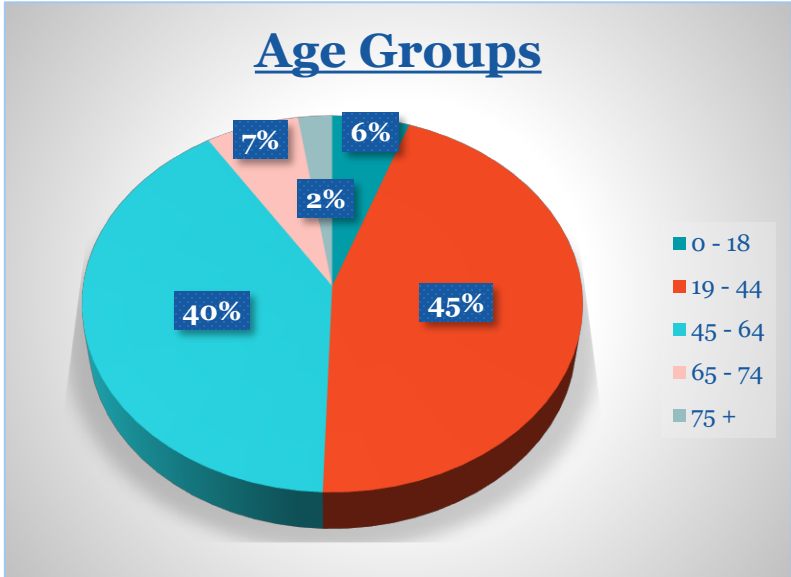
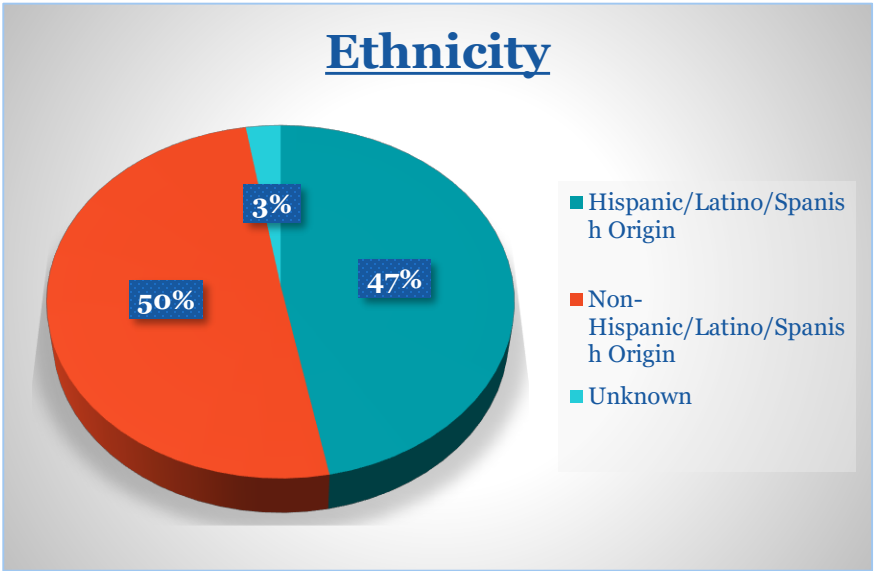
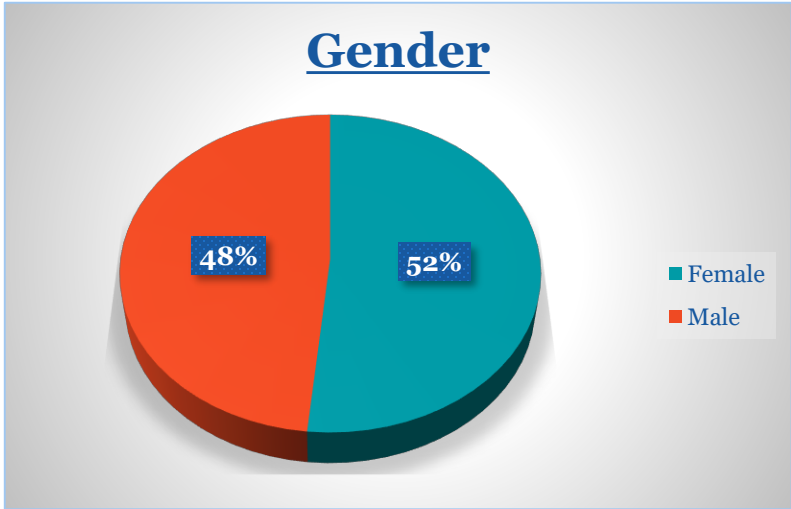
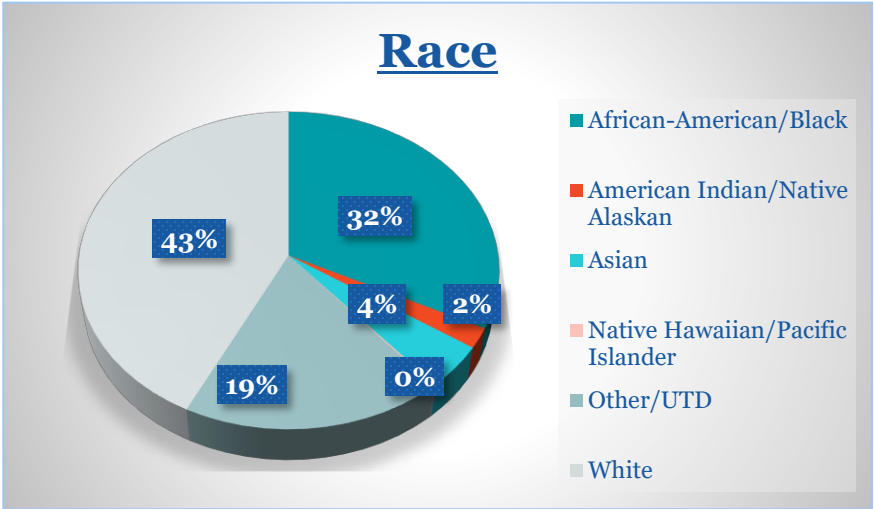
- >55% of CCH patients are insured
- High Volume CCH Payer Groups & Plans
 - Medicaid- FFS (>50,000 visits)
 - Medicaid Managed Care- CountyCare (>150,000 visits)
 - Medicaid Managed Care- IliniCare (>25,000 visits)
 - Medicaid Managed Care- BCBS (>25,000 visits)
 - Medicaid Managed Care- Harmony (>10,000 visits)
 - Medicaid Managed Care- Meridian (> 10,000 visits)
 - Medicaid Managed Care- Next Level (>9,000 visits)
 - Medicare (>115,000 visits)
 - Medicare Managed Care- Aetna Better Health (>7,500 visits)
 - Medicare Managed Care- WellCare (>7,000 visits)



FY2018 Average Medicaid Managed Care Membership

Payer Plan	Average Membership Empaneled to CCH
COUNTYCARE	47,035
HARMONY	5,673
ILLINICARE	3,407
BLUE CROSS BLUE SHIELD	2,930
MERIDIAN	2,878
MOLINA	1,565
AETNA BETTER HEALTH	876
NEXT LEVEL HEALTH	100
TOTAL	64,464

FY2018 Summary of CCH Uninsured Patients

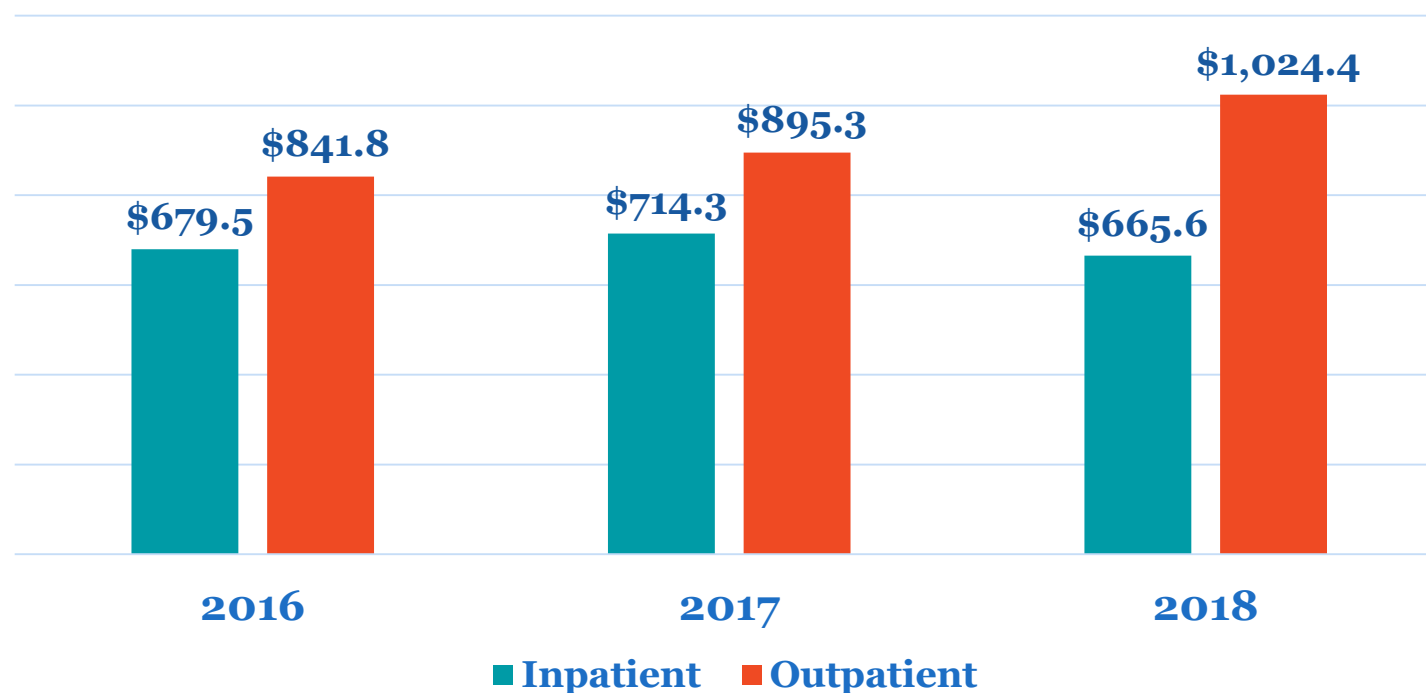


Clinical Activity, Utilization, and Operational Effectiveness



Inpatient and Outpatient Activity by Revenue

Gross Patient Service Charges – Inpatient vs Outpatient (in Millions)



Observations;

- Sustained shift in activity to outpatient care this is reflective of industry trends
- Sustained growth in charging, also reflective of increasing managed care business and professional fee charging, documentation, coding and billing

Top Ten CCH Stroger Inpatient Service Lines

Service Lines*	FY2018 Discharges
General Medicine	6,751
Oncology	1,769
Obstetrics	1,235
General Surgery	1,026
Trauma	1,021
Cardiology	809
Neonatology	562
Neurology	527
Normal Newborns	408
Orthopedics	338

FY2018 Primary Care Volume

Campus	Clinic	FY2018	FY2017
ACHN	Prieto	16,716	19,399
	Near South	14,438	13,682
	Logan	14,672	13,382
	Oak Forest	13,747	13,500
	Austin	12,936	12,951
	Englewood	12,036	12,003
	Vista	11,214	8,927
	Cicero	10,938	11,354
	Woodlawn	10,153	9,185
	Robbins	9,926	10,005
	Cottage Grove	9,536	9,625
	Morton East	893	974
	Children's Advocacy	533	541
Stroger	General Medicine Clinic	44,745	46,908
	CORE	13,724	14,521
	Stroger Pediatrics	4,283	4,410
Provident	Sengstacke	16,662	16,659
Total		217,152	218,026

FY2018 Specialty/Diagnostic/Procedure Visit Volume

Campus	Clinic	FY2018	FY2017
ACHN	Austin- OBGYN/Behavioral Health*	5,848	1,747
	Cicero- OBGYN/Fam Plan	982	1,266
	Logan Square- OBGYN	925	802
	Oak Forest	29,073	28,322
	Oral Health	5,039	4,709
Provident	Sengstacke/Provident	34,121	20,645
Stroger	CORE	9,971	9,108
	Hospital Procedures	19,644	19,862
	Specialty Care/PB**	229,298	235,039
Total		334,901	321,500

Clinical Efficiency Measures - Ambulatory

Type	Measure
Productivity (by provider & clinic)	Expected vs. actual volume
	Use of scheduled slots
	Show-rate
	Visits with charges/incomplete records
	Care management volume
Quality Performance (by clinic)	HEDIS- diabetes
	HEDIS- childhood immunizations
	HEDIS- mammography
	HEDIS- controlling blood pressure
	Retention of prenatal patients
Access/Throughput (by provider & clinic)	3 rd next available
	Dwell time through clinic
	New vs. follow-up appointment ratio

Clinical Efficiency Measures – Inpatient/Observation

Type	Measure
Productivity	Discharges by patient type, medical service, payer, unit
	Patient days and Average Daily Census by patient type
	Patient Length of Stay (LOS)—average LOS, long stays, patient type LOS
	Discharge summary completion
	History and physical completion
Quality Performance	30 day readmission rate
	Venous thromboembolism prevention
	Hospital acquired pressure injuries
	Patient falls and falls with injury
	Mortality rate
Access/Throughput	Physician discharge orders before 9:00 a.m.
	ECHO (Non 4 Flex/ICU) average hours to signed



Clinical Efficiency Measures - Emergency

Type	Measure
Productivity	Emergency Department visits by age
	Visits to Trauma Unit
Quality Performance	Percent of patients that Left without Being Seen (LWBS)
Access/Throughput	Average time from ED arrival to ED departure for admitted ED patients
	Average time from admit decision time to ED departure time for admitted patients
	Average time from ED arrival to ED departure for discharged ED patients



Clinical Efficiency Measures – Surgery/Endoscopy

Type	Measure
Productivity	Completed, cancelled and scheduled cases volume
	Turnaround time
	First case timeliness
	Cancelled cases by specialty/procedure group
Quality Performance	Cancel reasons
	Perioperative tool completion
	Operative note compliance
Access/Throughput	Orders to scheduling compliance
	Average time to schedule case



Clinical Efficiency Committees

- Clinical Operations
- Utilization Management
- Patient Throughput
- Operating Room Committee
- Vizient Work Group

FY2018- Stroger Campus Volumes/Efficiency

Efficiency Measures	Number
Licensed Beds	450
Staffed Beds	432
Case Mix Index (CMI)	1.5321
Operating Rooms	20

Surgery Type	FY2018	FY2017
Emergency	768	882
Inpatient	2,913	3,306
Outpatient	8,532	7,861

Volume Measures	FY2018	FY2017
Inpatient Discharges	17,588	19,985
Observation Discharges	10,285	8,650
ALOS* (inpatient)	5.6	5.2
Average Daily Census (ADC)	294.5	313.0
Surgical Cases	12,234	12,057
Deliveries	987	1,219
Total Emergency Services	121,740	121,805
• Adults	100,819	100,593
• Pediatrics	6,929	6,877
Trauma	7,858	7,959
LWBS**	6,134	6,376

FY2018 Provident Campus Volumes/Efficiency

Efficiency Measures	Number
Licensed Beds	85
Staffed Beds	25
Operating Rooms	10

Surgery Type	FY2018	FY2017
Emergency	0	1
Inpatient	13	6
Outpatient	2,783	2,301

Volume Measures	FY2018	FY2017
Inpatient Discharges	586	603
Observation Discharges	628	566
ALOS* (inpatient)	5.9	5.1
Average Daily Census (ADC)	12.2	11.6
Surgical Cases	2,797	2265
Total Emergency Services	30,794	
• Adults	27,241	26,712
• Pediatrics	1,667	1,808
• LWBS**	2,066	1,233



Impact 2020 Update



Status and Results

- Deliver High Quality Care
- Grow to Serve and Compete
- Foster Fiscal Stewardship
- Invest in Resources
- Leverage Valuable Assets
- Impact Social Determinants
- Advocate for patients



Impact 2020

Progress and Updates

Focus Area	Name	Status
Deliver High Quality Care	Make investments in outpatient facilities.	Complete ✓ Professional Building ✓ Arlington Heights In progress • Stroger Specialty Services • Harrison Square • North Riverside • Blue Island • Hanson Park • Provident
	Implement operational improvements to improve access.	In progress • Realignment/expansion of vacated Stroger space
	Increase utilization of Provident Hospital operating rooms	In progress • Lasik surgeries



Impact 2020

Progress and Updates

Focus Area	Name	Status
Grow to Serve and Compete	Expand outpatient services available and improve scheduling and efficiency at outpatient sites	In progress <ul style="list-style-type: none"> • MAT* Services • Psychiatric Services • Patient Kiosks • Evening/Weekend Hours • WIC Services • Professional Building • Arlington heights
	Increase internal referrals of CountyCare members for CCH specialty and inpatient care, by expanding services available at CCH outpatient locations and deploying e-Consult	In progress <ul style="list-style-type: none"> • eConsult progress • Increasing referrals
Foster Fiscal Stewardship	Increase deliveries at Stroger	In progress <ul style="list-style-type: none"> • Contract for ambassador program





FY2020-2022

The Future

Environmental Scan of Market Share



COOK COUNTY
HEALTH

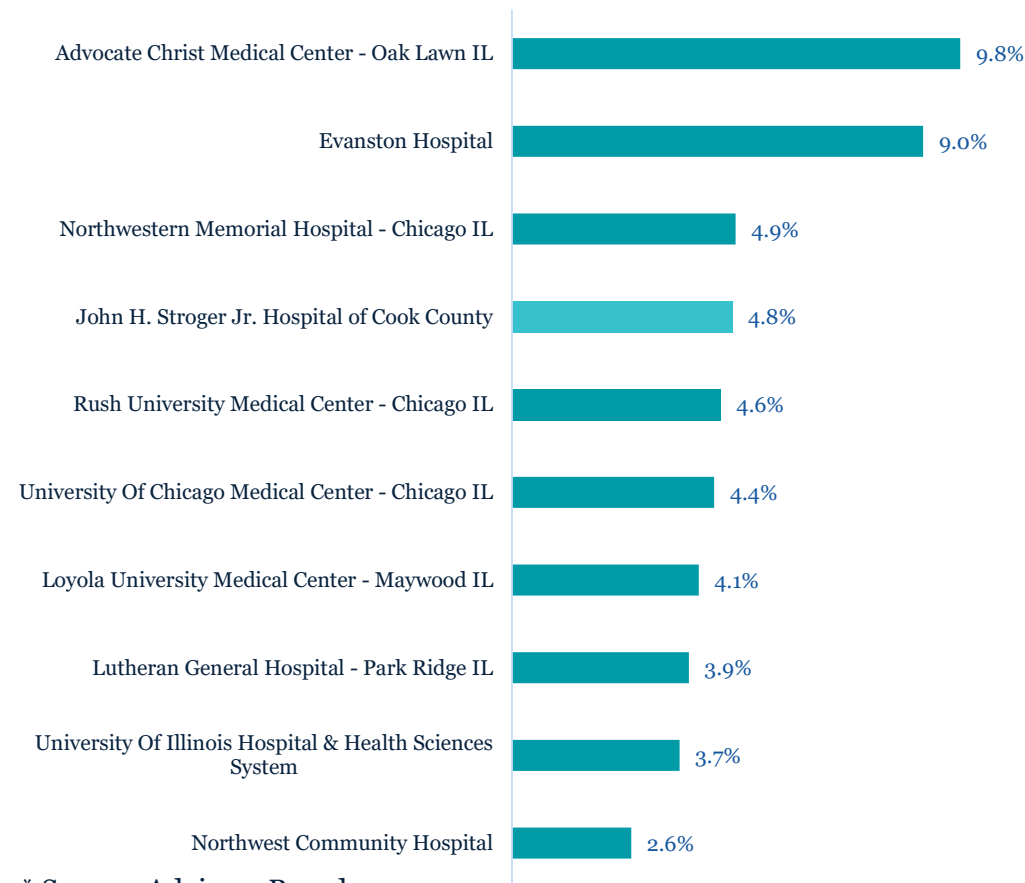
Environmental Scan of Market, Best Practices and Trends

Observations

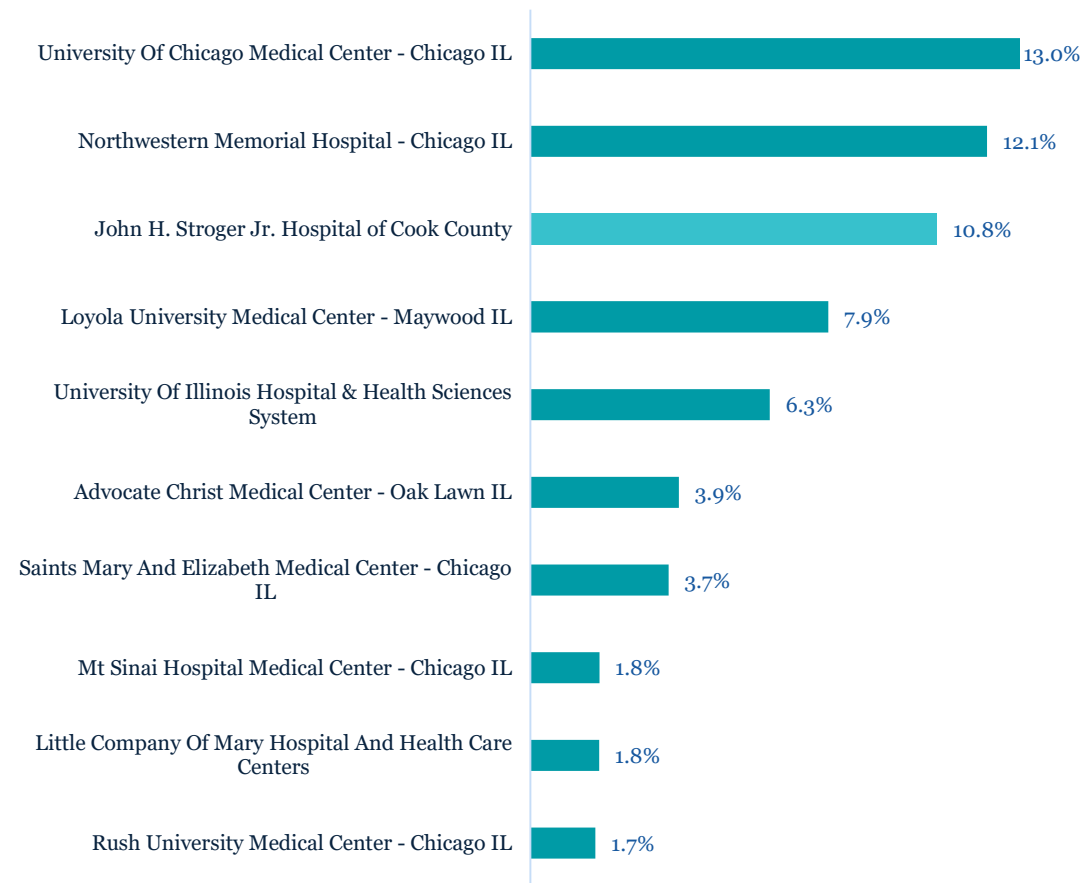
- Expansion of uninsured due to changes at Federal and State levels
- Continued decline in admissions, more ambulatory care, including home care
- Increased capture of Medicaid Admission (MA) activity at other hospitals
- Innovations in health care delivery, e.g. retail pharmacy & insurers – reducing out of pocket expenses – important for low income
- Continued growth of care provided in MCOs – focused on screening, early interventions
- Consumer demands for online access to care, providers – 24x7
- Increasing focus on mitigating impact social determinants on achieving health goals at the individual level
- Expanded use of advanced practice clinicians, (Nurse Practitioners, Physician Assistants, Midwives)
- Increased use of technology in direct care and to keep patients engaged

Patient Share Cook County Market*

Patient Share Across All Payers



Patient Share for Medicaid Patients

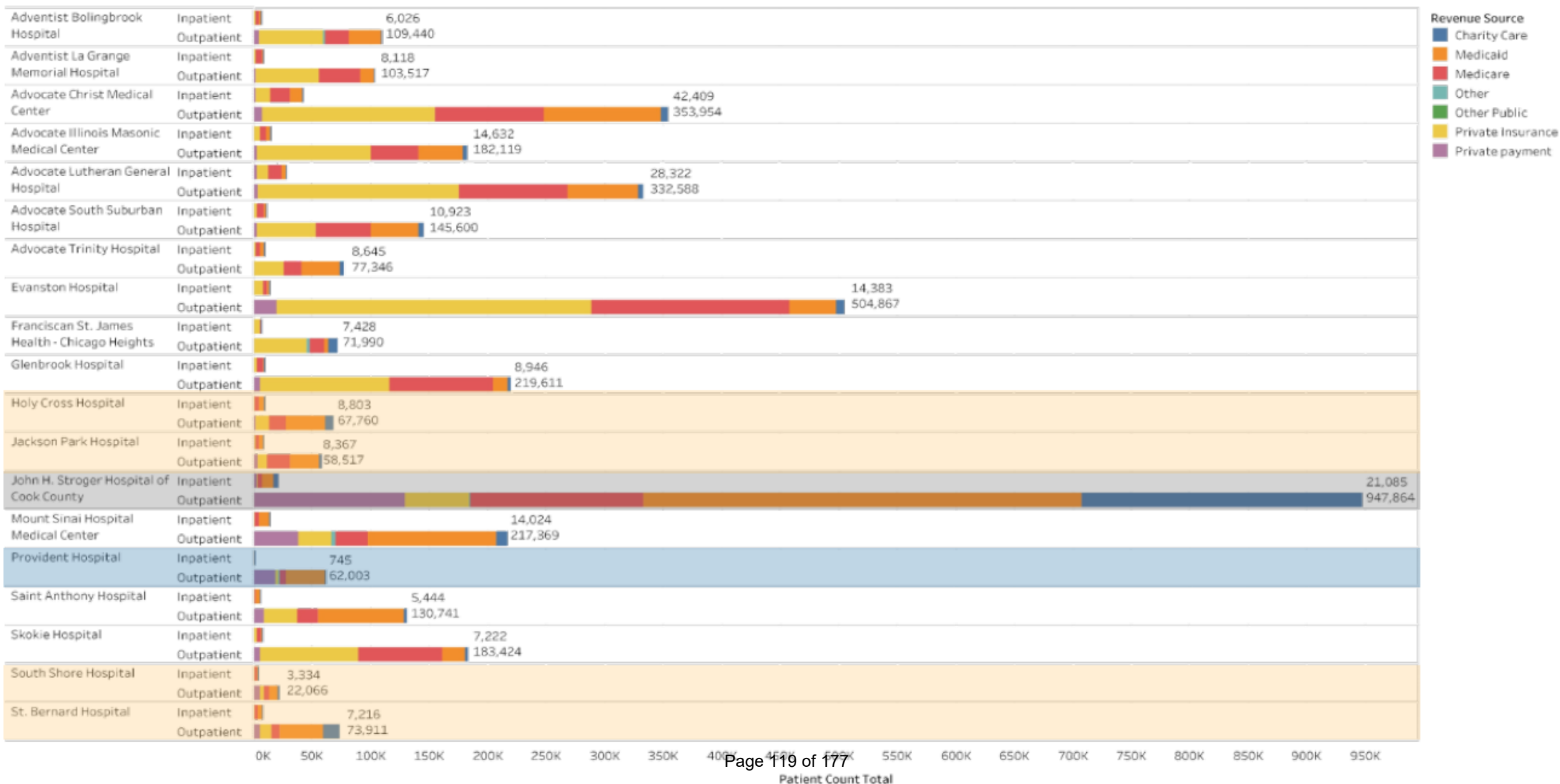


* Source: Advisory Board

- 1) Data spans November 2017 - October 2018
- 2) ({Influence Network} = All)
- 3) ({Target Physician Super Specialty} = Primary Care) *
- 4) ({Connected Physician Super Specialty} = Cardiovascular, Endocrinology, General Surgery, Neurosciences, Oncology & Hematology, Orthopedics, Pulmonology, Spine, Urology)*
- 5) ({Target Physician} ({Macro Market}) = Cook County, see appendix for zips)

COMBINED HOSPITALS – PATIENT BY PAYOR SOURCE

2016 Patients by Payor Source





SWOT Analysis

Strengths, Weaknesses, Opportunities and Threats



COOK COUNTY
HEALTH

SWOT Analysis

Strengths

- Our Mission – Care for all; one standard
- Staff dedicated to mission
- Comprehensive array of services
- Acknowledged expertise, especially for chronic care
- Specialists for at-risk populations, Medicaid Admissions; Uninsured
- Centers located in communities throughout County
- Referral Resource for FQHCs
- Stable workforce
- Electronic Medical Record and clinical and claims databases
- State of the art equipment
- Capacity for growth

Weaknesses

- High cost structure
- Poor perception of patient experience
- Ratings on quality systems
- Legacy systems impact on move to Managed Care Organization (MCO) environment
- Cumbersome recruitment process
- Not all systems designed for unique needs of health care operations
- Community clinics inefficient, limit services that can be provided
- Low domestic spend from CountyCare

Opportunities

- Increasing enrollment base, especially with CountyCare
- Higher capture of MCO activity within our system
- Identification as provider of choice across age spectrum
- Teaching programs as source of future practitioners
- Model for use of Advanced Practice Clinicians
- Partnering with community caregivers
- Strengthening links with community agencies
- Leveraging experience working with populations with chronic conditions

Threats

- Rapid and ever-changing health care environment – impact on market share
- Increasing level of uninsured
- Lower reimbursement from insured
- Competition for skilled workforce
- MCOs narrowing network
- New innovations e.g. more robotics, need quick adoption
- FQHC/access to capital, modernizing facilities



FY2020-2022



COOK COUNTY
HEALTH

Deliver High Quality Care

FY2020-2022 Strategic Planning Recommendations

- Improve ratings and rank on quality measurement systems
- Continue investment in ambulatory facilities to provide expanded array of services
- Improve operational efficiency – Reduce wait time to less than 2 weeks for major specialties
- Enhance use of patient portal to allow self scheduling (2022)
- Increase use of Provident Hospital, higher Average Daily Census (ADC) and more specialty sessions
- Maximize access – evenings and weekends for specialty services, more services at more sites
- Continue integration with WIC and expanding WIC to additional health centers
- Build and strengthen behavioral health service offerings throughout our system

Grow to Serve and Compete

FY2020-2022 Strategic Planning Recommendations

- Increase internal referrals of CountyCare members for CCH specialty and inpatient care, by expanding services available at CCH outpatient locations and deploying e-Consult
- Grow senior care services
- Enhance maternal/child services
- Establish multidisciplinary service lines with one access point
- Promote and market services
- Add specialty services at new centers

Foster Fiscal Stewardship

FY2020-2022 Strategic Planning Recommendations

- Grow enrollment from CountyCare and other Managed Care Organizations
- Achieve Pay for Performance (P4P) targets
- Increase all clinical activity to assure access for vulnerable populations
- Increase clinical activity from insured populations
- Increase service line efficiency to align with benchmarks, e.g. Operating Rooms at 80% capacity
- Implement systems for patients to receive the right services at the right time and right place
- Manage observation and long stay patients in appropriate setting
- Increase CountyCare transfers in from other hospitals
- Align personnel expense with clinical activity

Invest in Resources

FY2020-2022 Strategic Planning Recommendations

- Continue investing in technology and equipment to provide evidenced-based, efficient services
- Identify underserved areas (Based on enrollment) and resources to address service deficiencies
- Implement and align staffing model with current service offerings

Leverage Valuable Assets

FY2020-2022 Strategic Planning Recommendations

- Consider teaching programs as source of future practitioners
- Model use of Advanced Practice Clinicians to fill gaps in coverage
- Strengthen links with community agencies, co-location of services and benefits retention

Impact Social Determinants/Advocate for Patients

FY2020-2022 Strategic Planning Recommendations

- Partner with community caregivers, referral source and destination (e.g. Behavioral Health)
- Strengthen links with community agencies, co-location of services and benefits retention

Thank you.



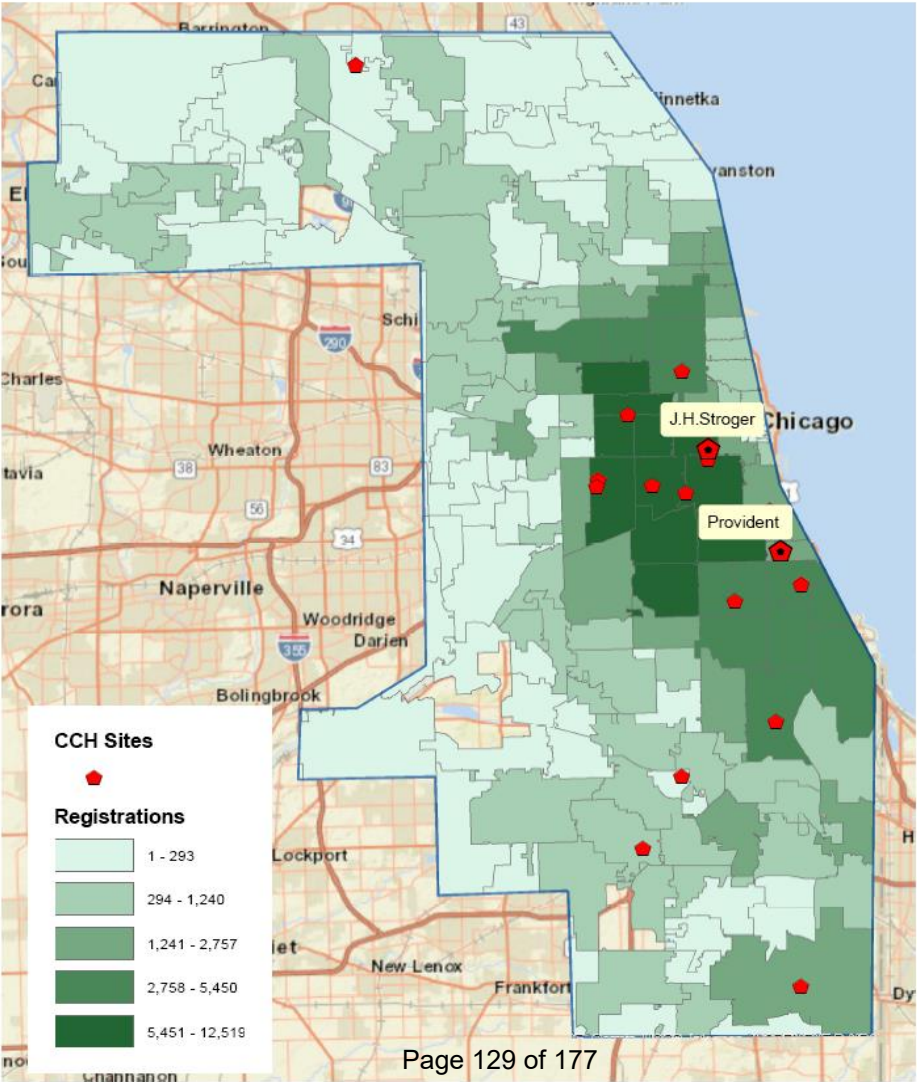
Appendix



Map of Stroger Patient Registrations



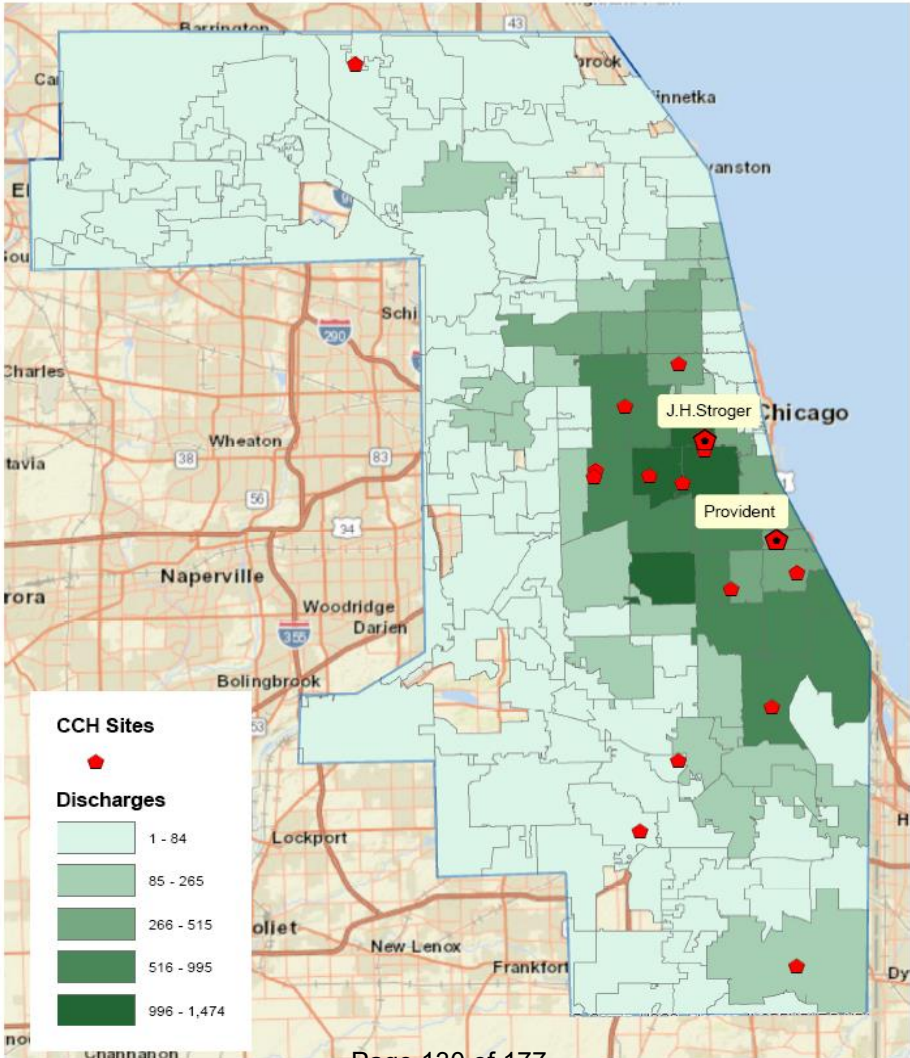
12/1/2017 - 11/30/2018



Map of Stroger Discharges



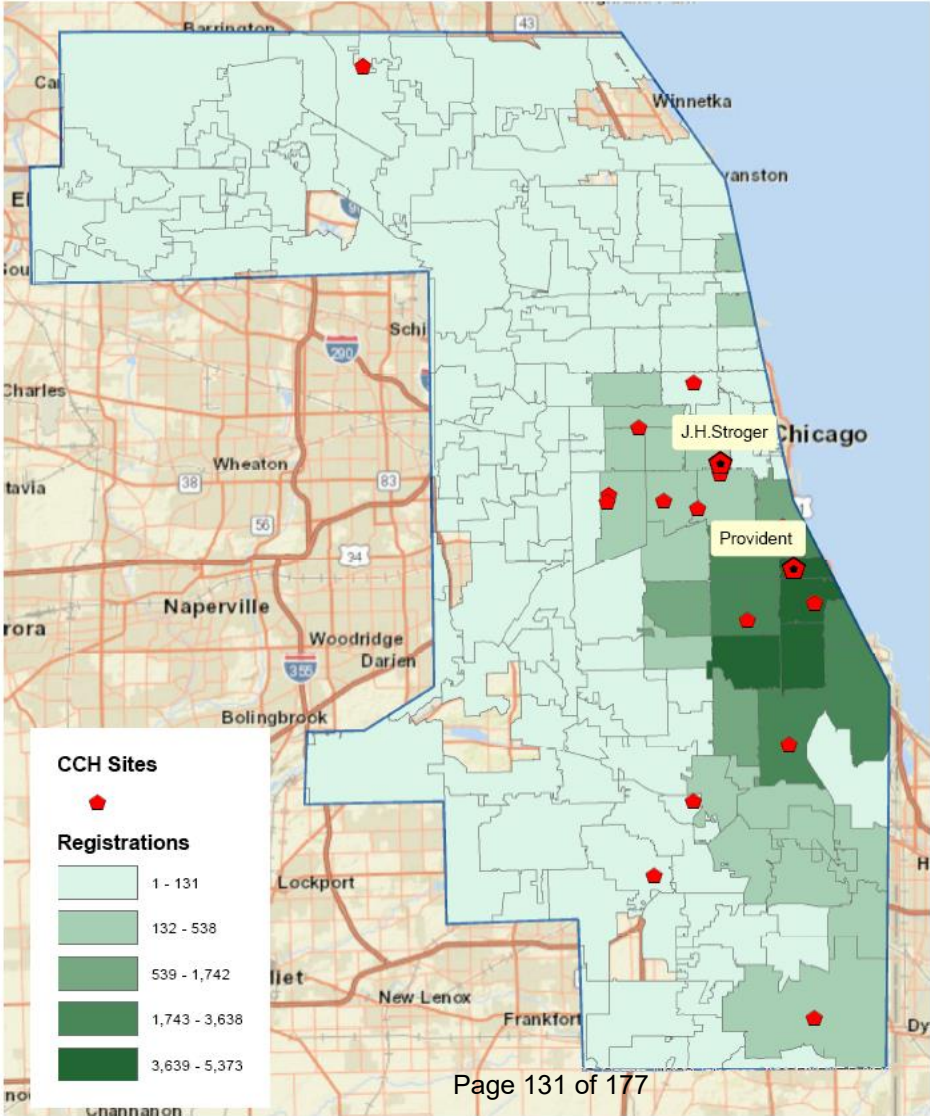
12/1/2017 - 11/30/2018



Map of Provident Patient Registrations



12/1/2017 - 11/30/2018

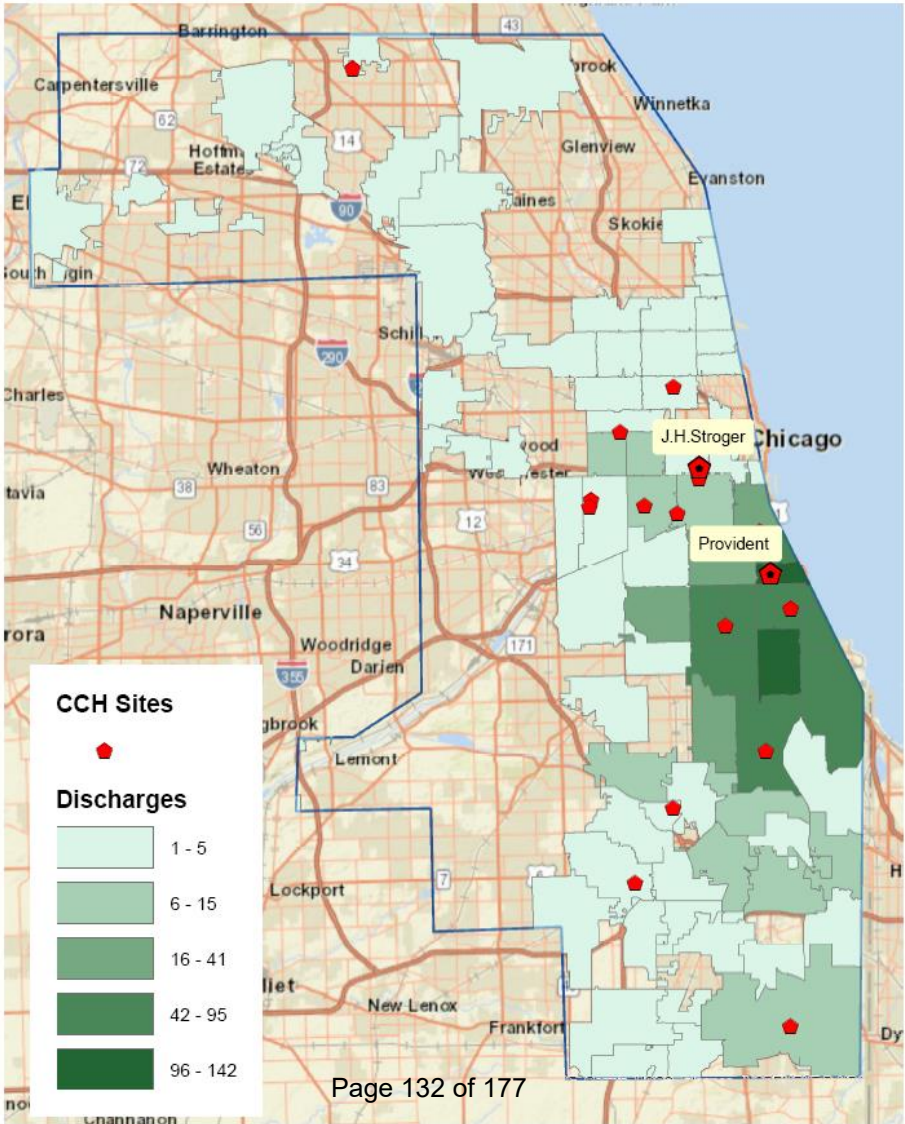


COOK COUNTY
HEALTH

Map of Provident Discharges



12/1/2017 - 11/30/2018

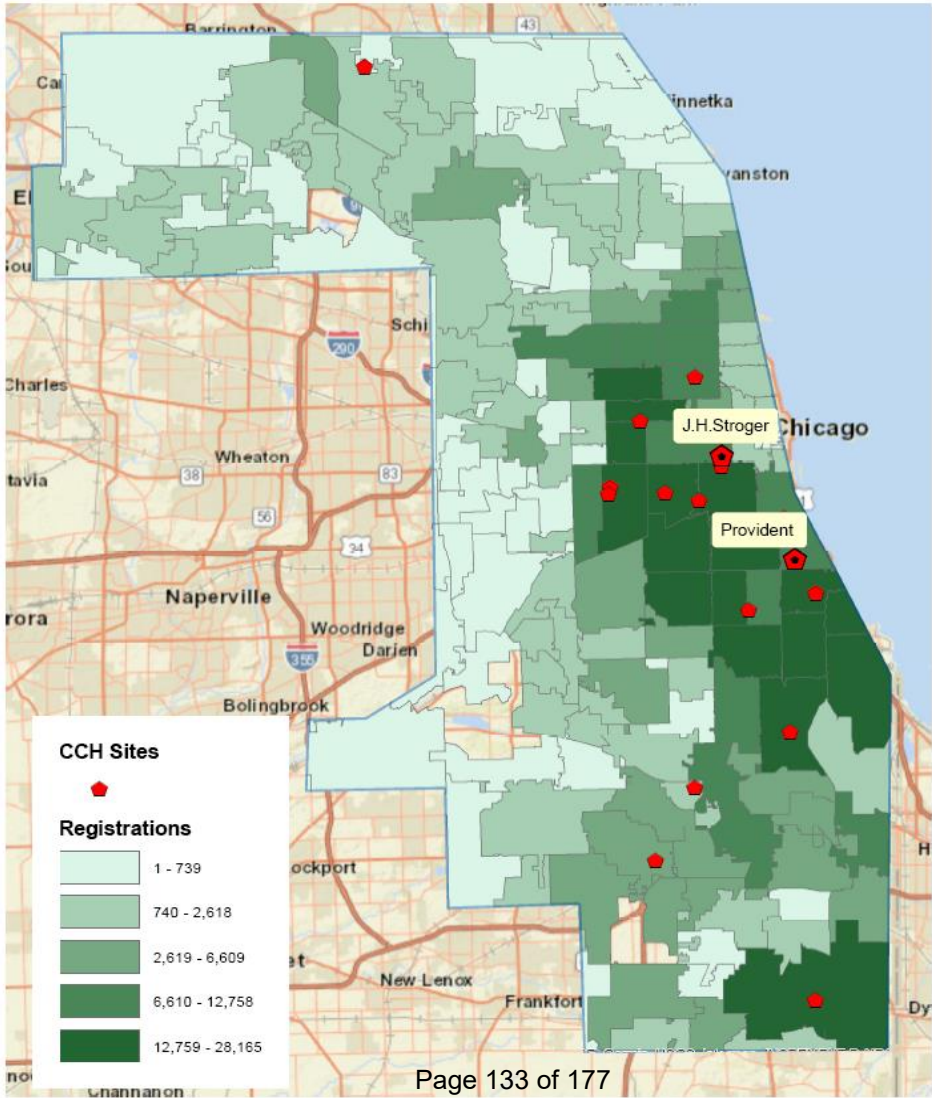


COOK COUNTY
HEALTH

Map of ACHN Patient Registrations



12/1/2017 - 11/30/2018

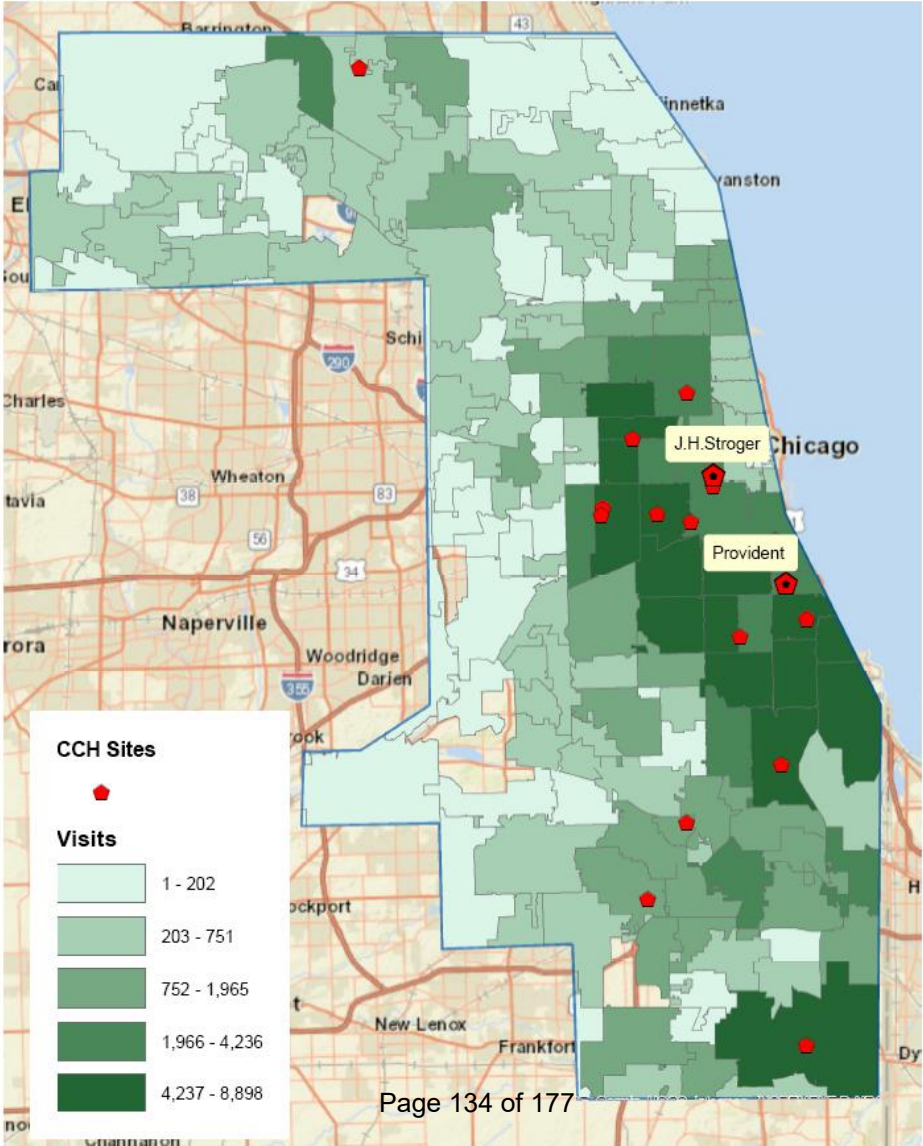


COOK COUNTY
HEALTH

Map of Primary Care Provider Visits



12/1/2017 - 11/30/2018

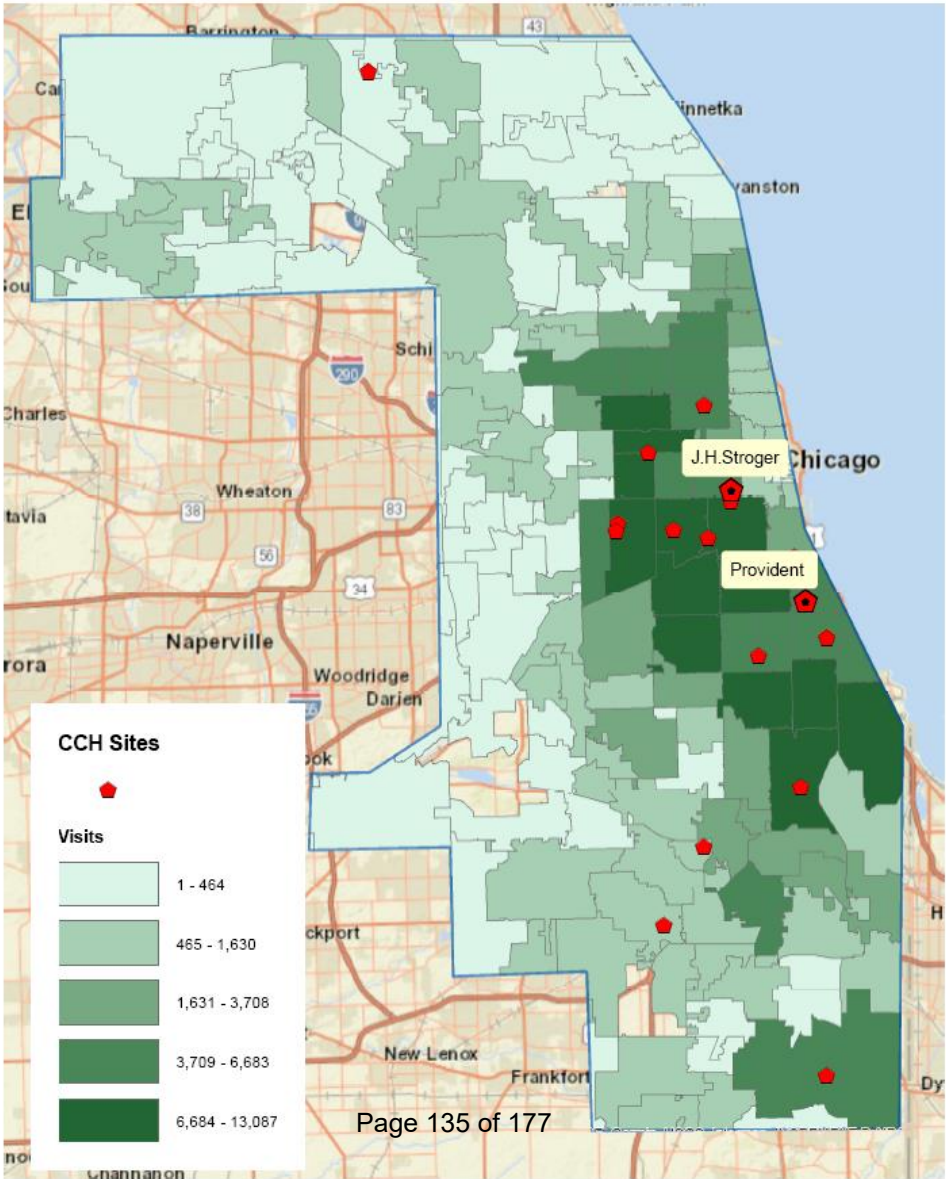


COOK COUNTY
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Map of Specialty Care Provider Visits



12/1/2017 - 11/30/2018

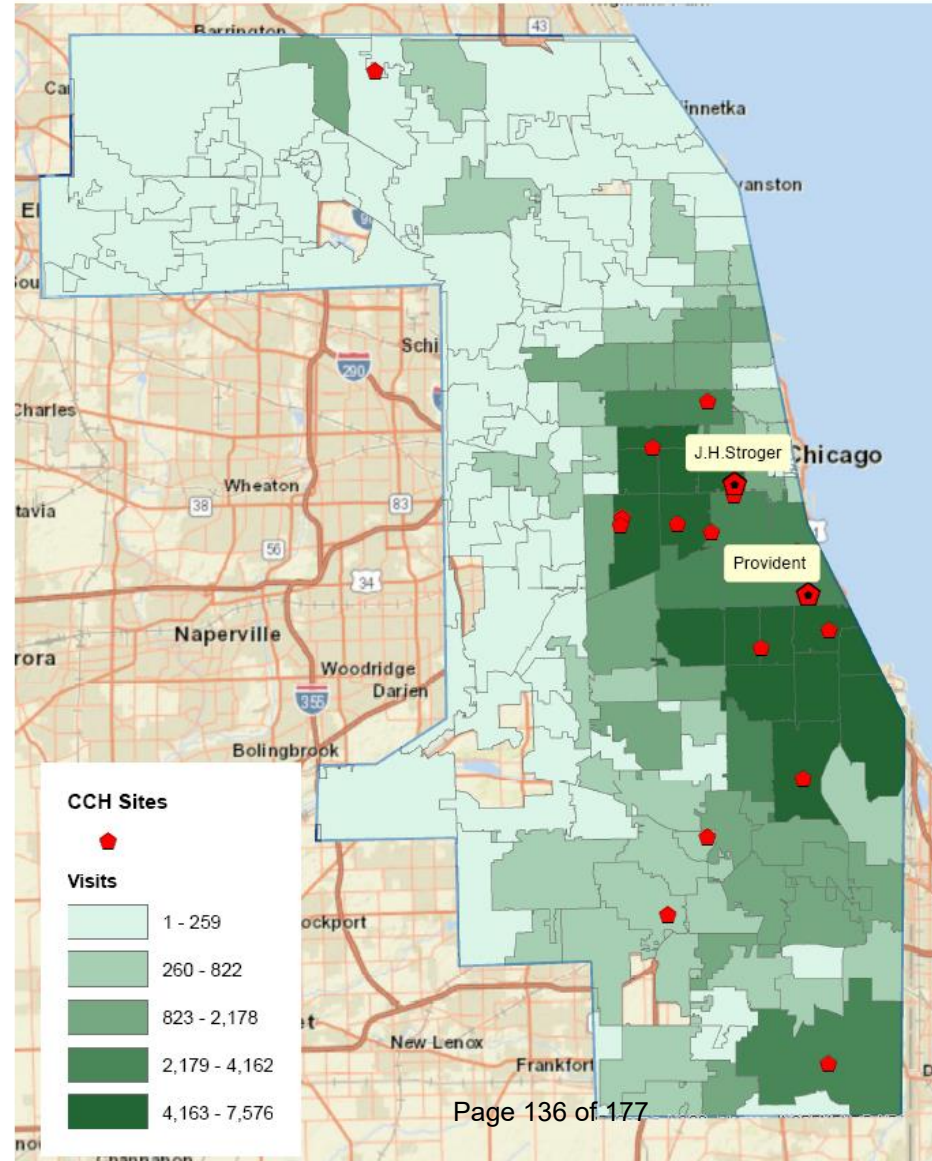


COOK COUNTY
HEALTH

FY2018 CountyCare Visits



12/1/2017 - 11/30/2018

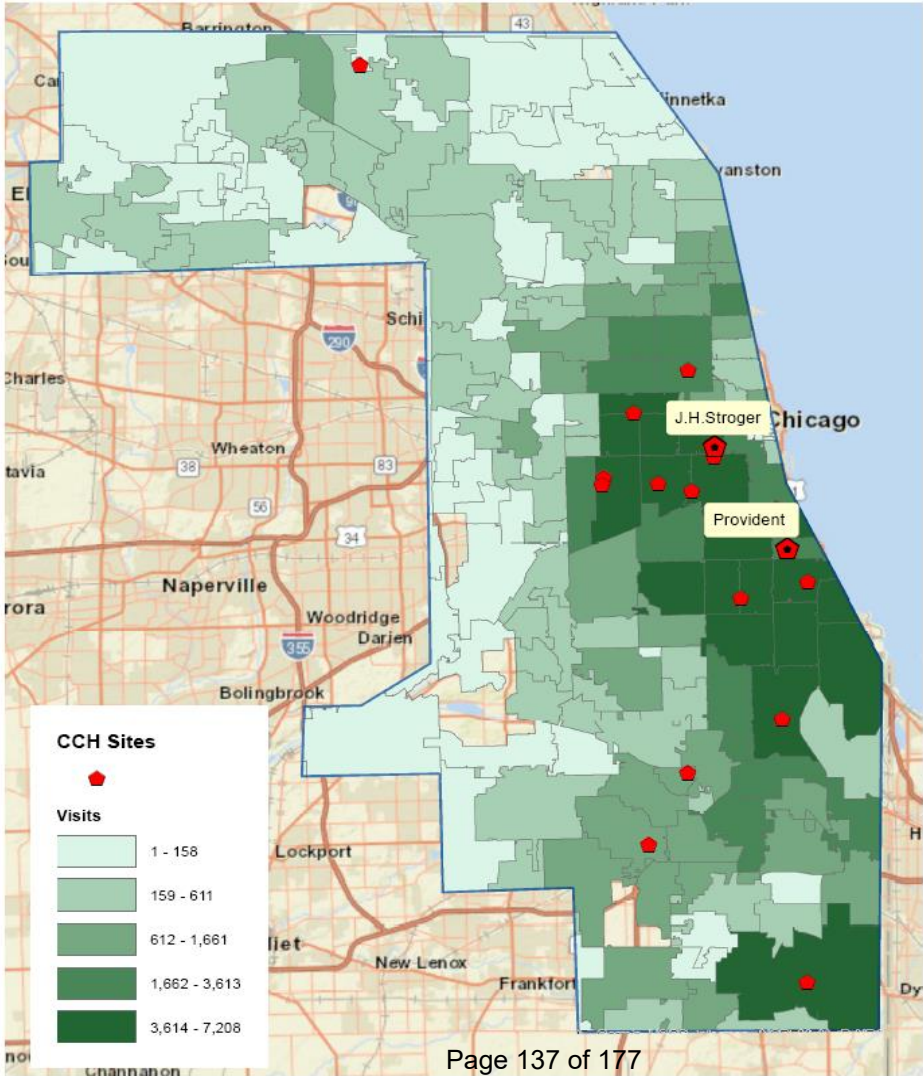


COOK COUNTY
HEALTH

FY2018 Non-CountyCare Medicaid Visits



12/1/2017 - 11/30/2018

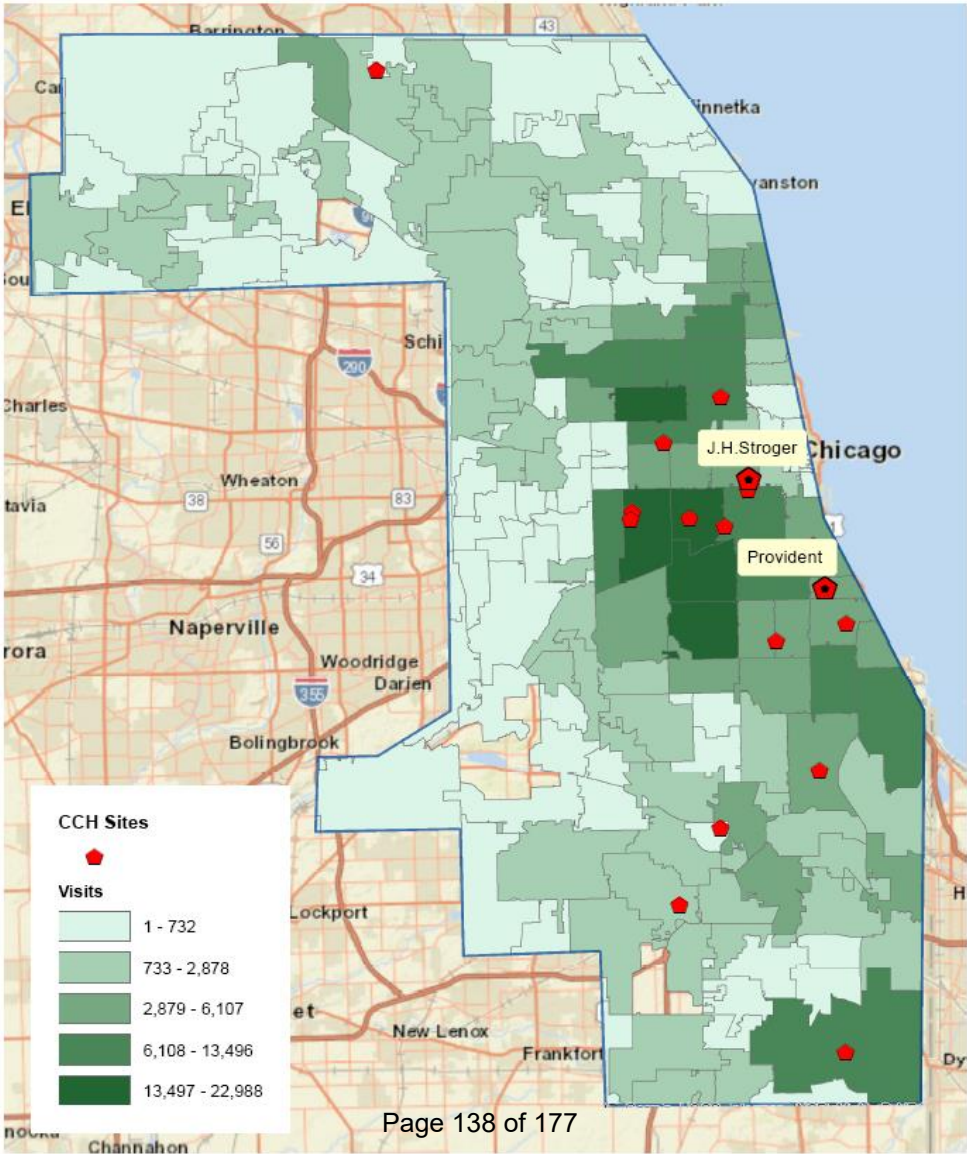


COOK COUNTY
HEALTH

FY2018 Uninsured Visits



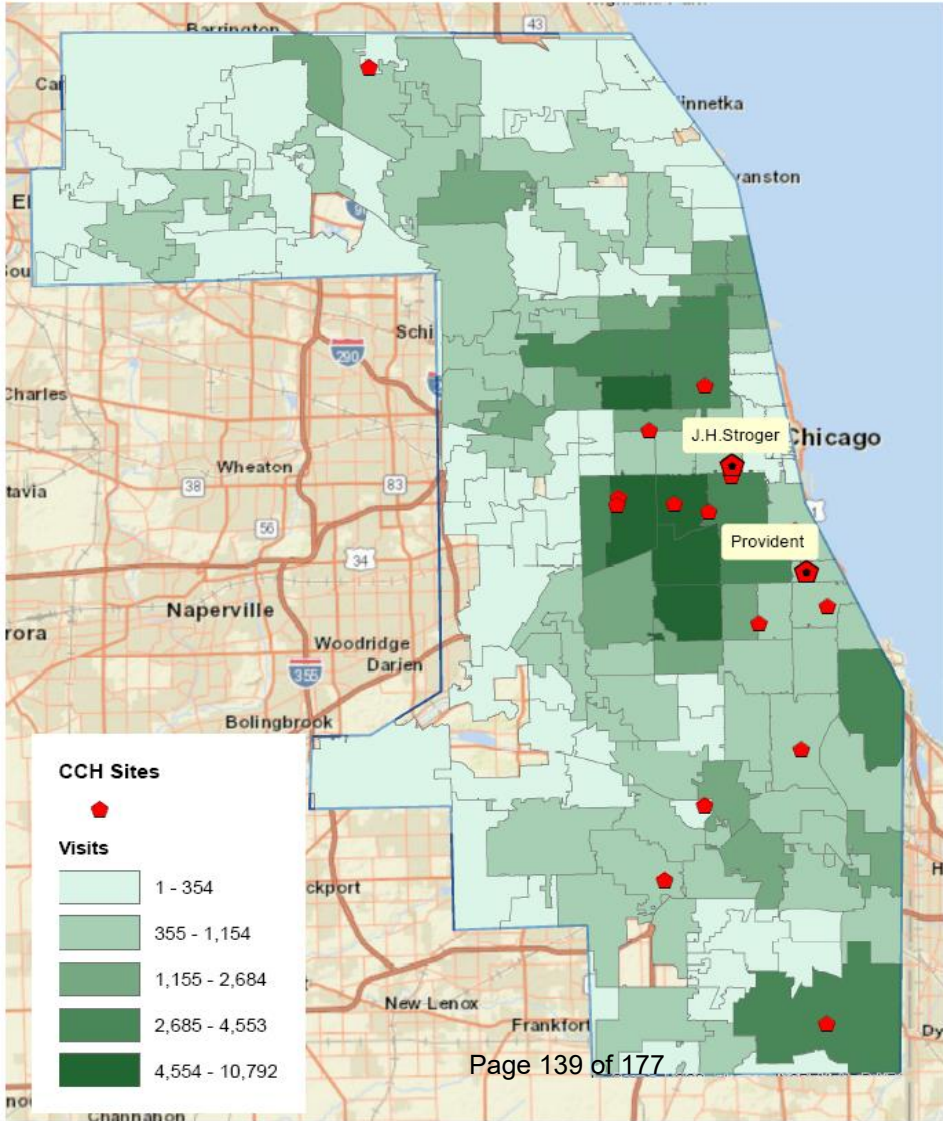
12/1/2017 - 11/30/2018



FY2018 CareLink Visits



12/1/2017 - 11/30/2018



Cook County Health and Hospitals System
Board of Directors Meeting
Friday, March 29, 2019

ATTACHMENT #11

Strategic Planning FY2020- 2022

Medical Practice/Medical Group/Specialty Care

Claudia M. Fegan, MD

Chief Medical Officer

March 25, 2019



COOK COUNTY
HEALTH

Overview of Department

Cook County Health Medical Staff



COOK COUNTY
HEALTH

Overview of Department

Medical Staff Functions

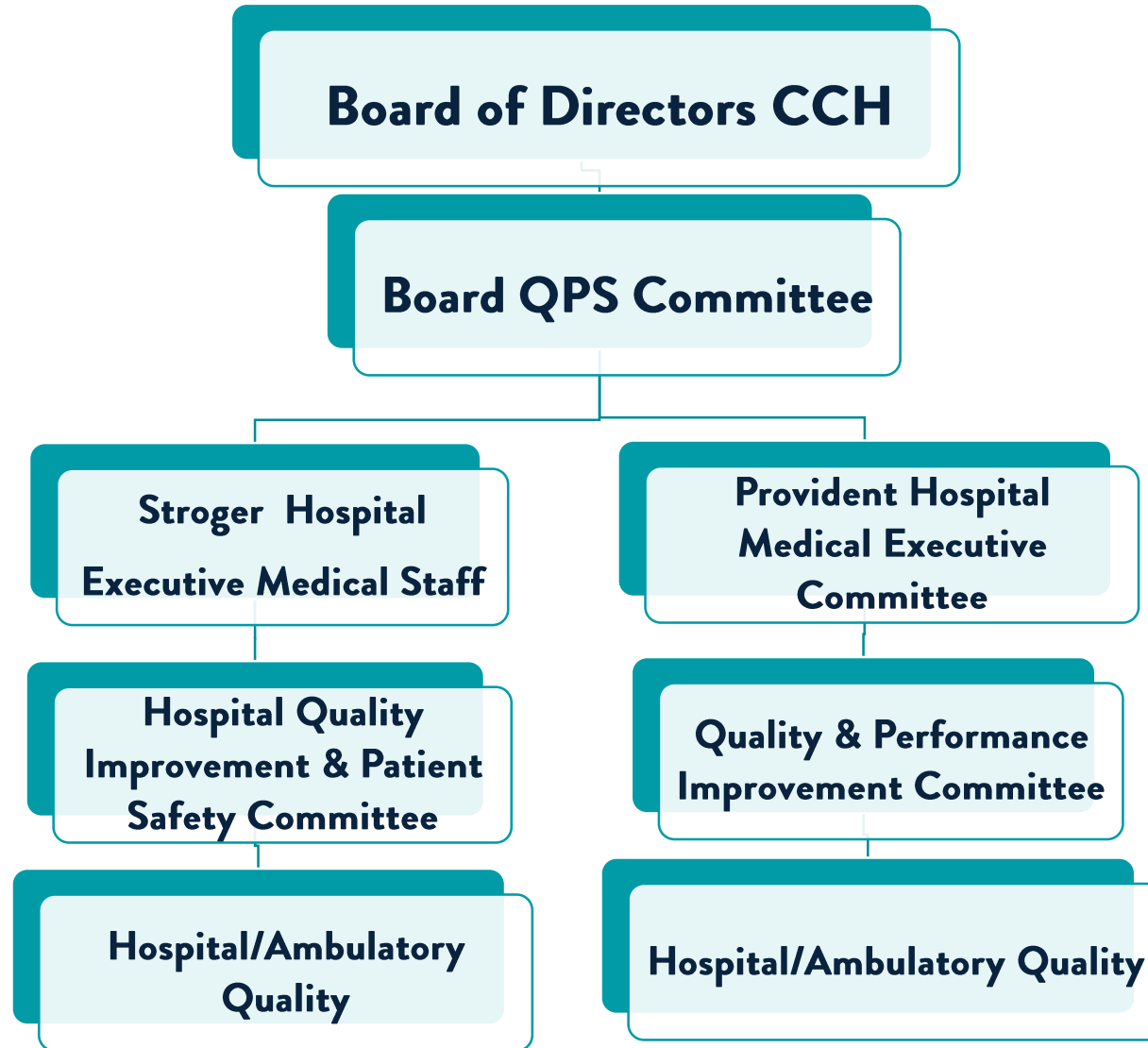
“The Medical Staff has the overall responsibility for the quality of medical care provided to patients, and for the professional practices and ethical conduct of its members, as well as accounting therefore to the Cook County Health and Hospitals System Board of Directors...”

Preamble, John H. Stroger, Jr. Hospital Bylaws

“The Medical Staff is responsible for the quality of medical care in the Hospital and accepts and discharges this responsibility subject to the ultimate authority of the Cook County Health and Hospitals System Board of Directors...”

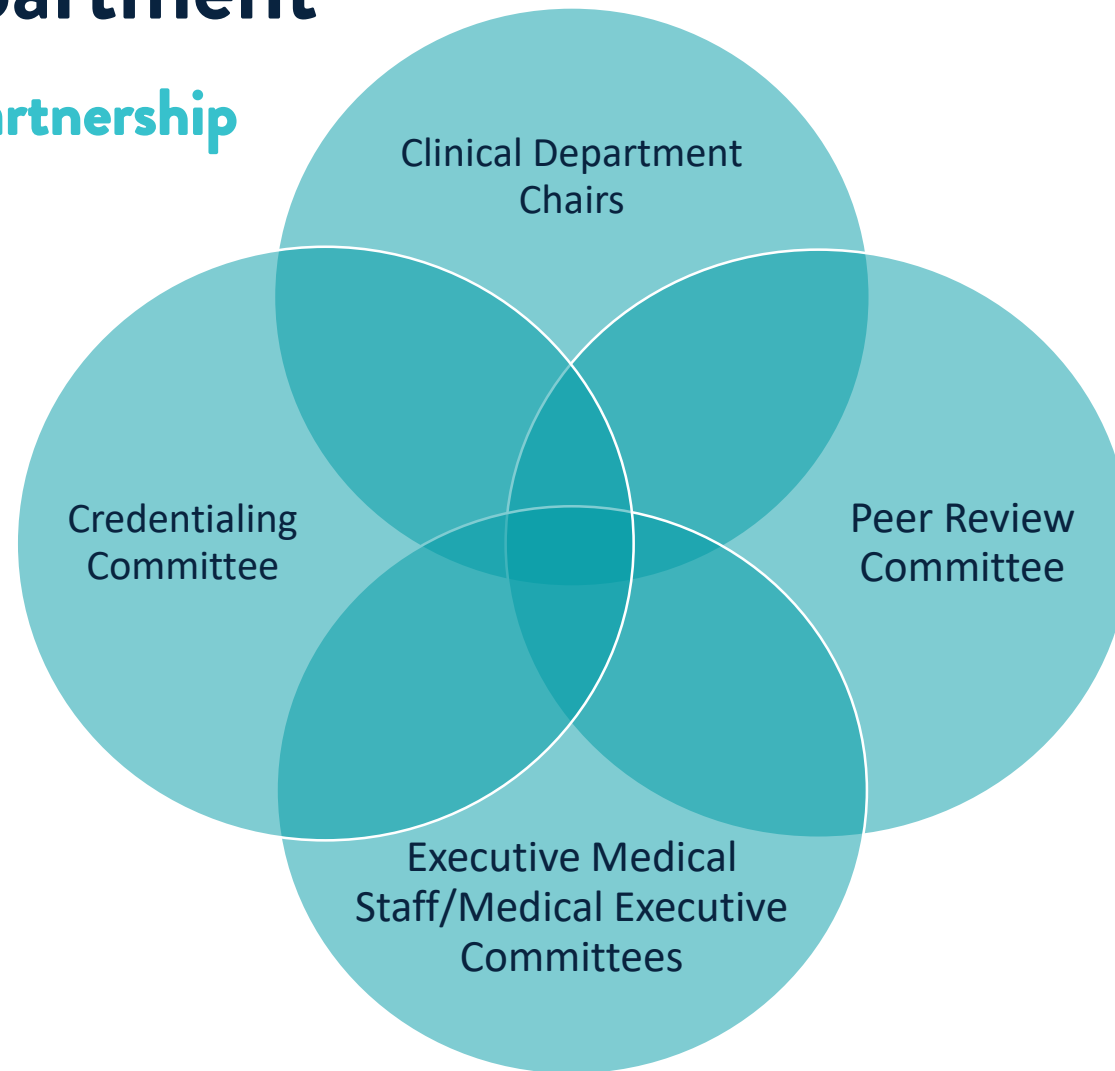
Preamble, Provident Hospital Bylaws

Cook County Health Quality Governance

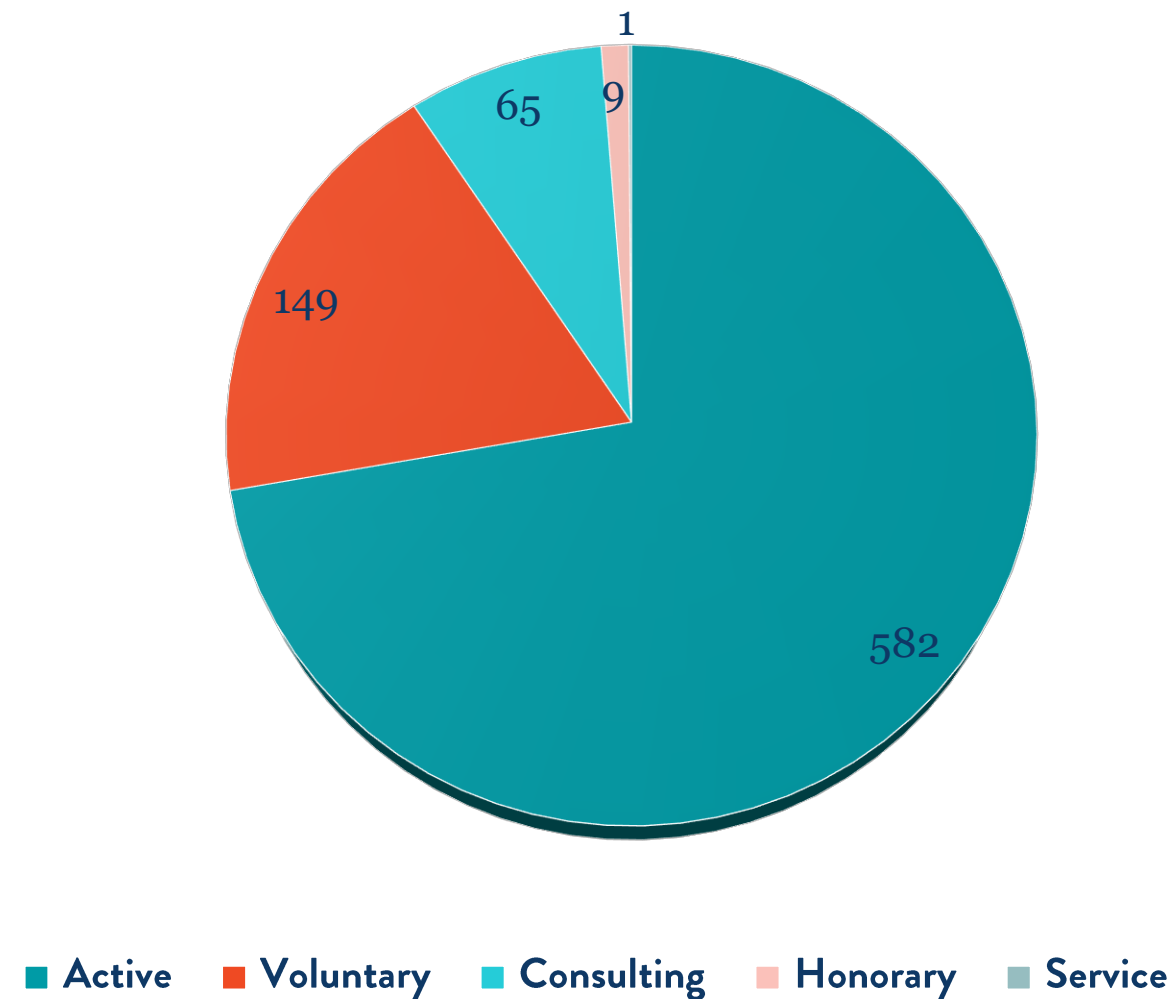


Overview of Department

Medical Staff Quality Partnership



CCH Medical Staff by Category



Advanced Practice Providers

Categories

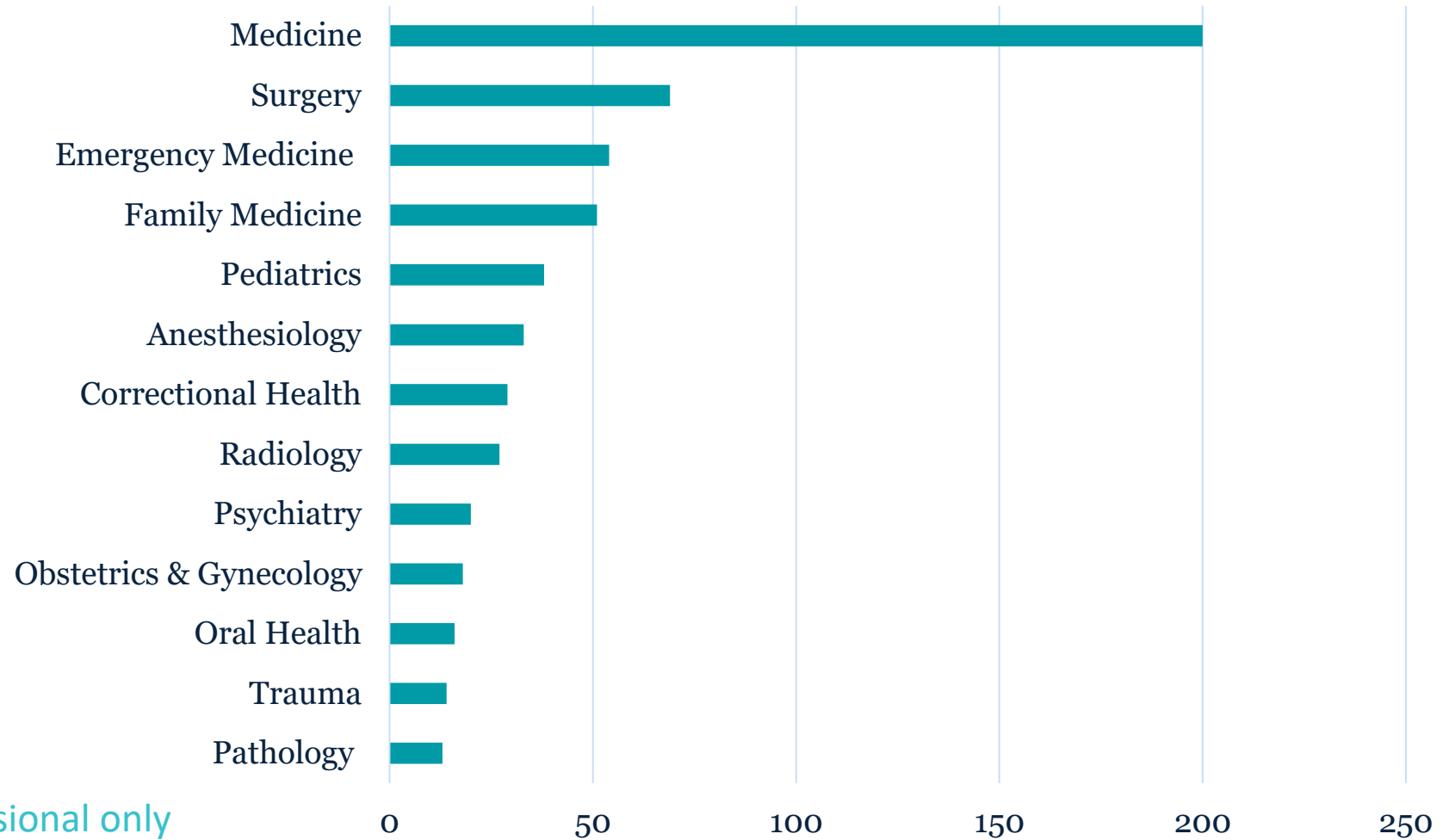
- Physician Assistant-Certified
- Certified Nurse Practitioner
- Certified Registered Nurse Anesthetist
- Clinical Nurse Specialist
- Certified Nurse Midwife

Advanced Practice Providers

Areas of Specialization:

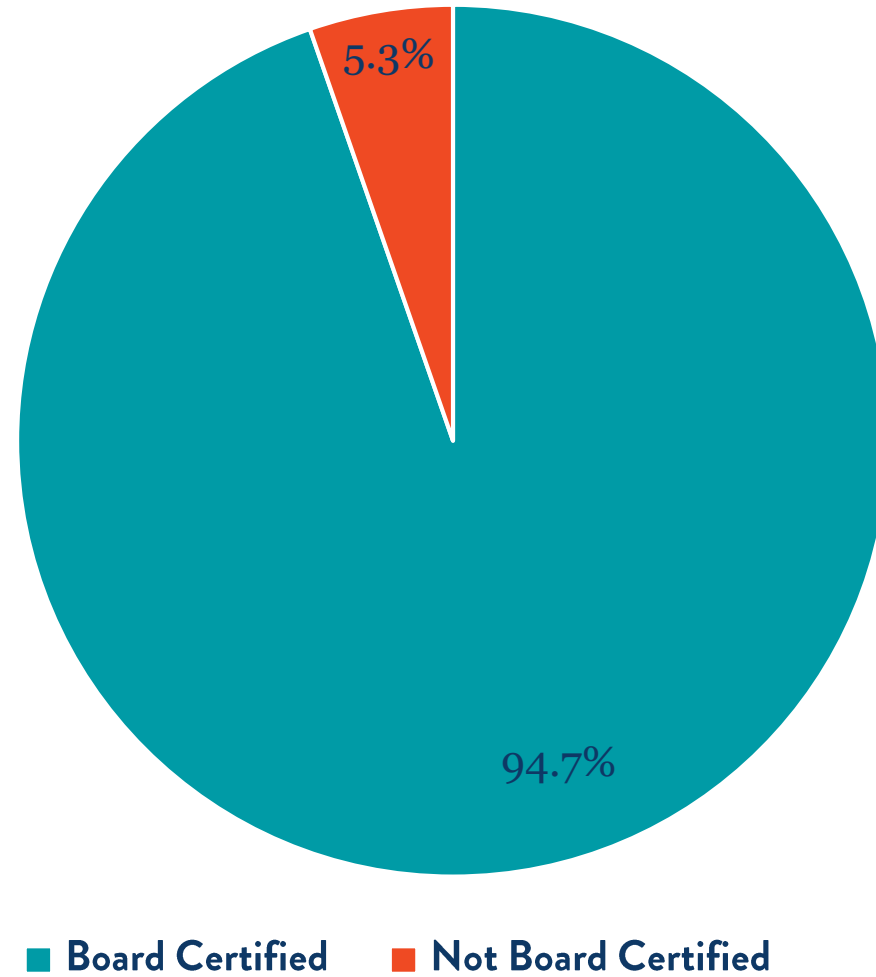
- Medicine N=49
- Correctional Health N=24
- Surgery N=20
- Emergency Medicine N=12
- Anesthesiology N=11
- Obstetrics/Gynecology N=7
- Pediatrics N=8
- Family Medicine N=5
- Psychiatry N=4
- Trauma N=1

Medical Staff by Department*



*Stroger & Provident, Active/Provisional only

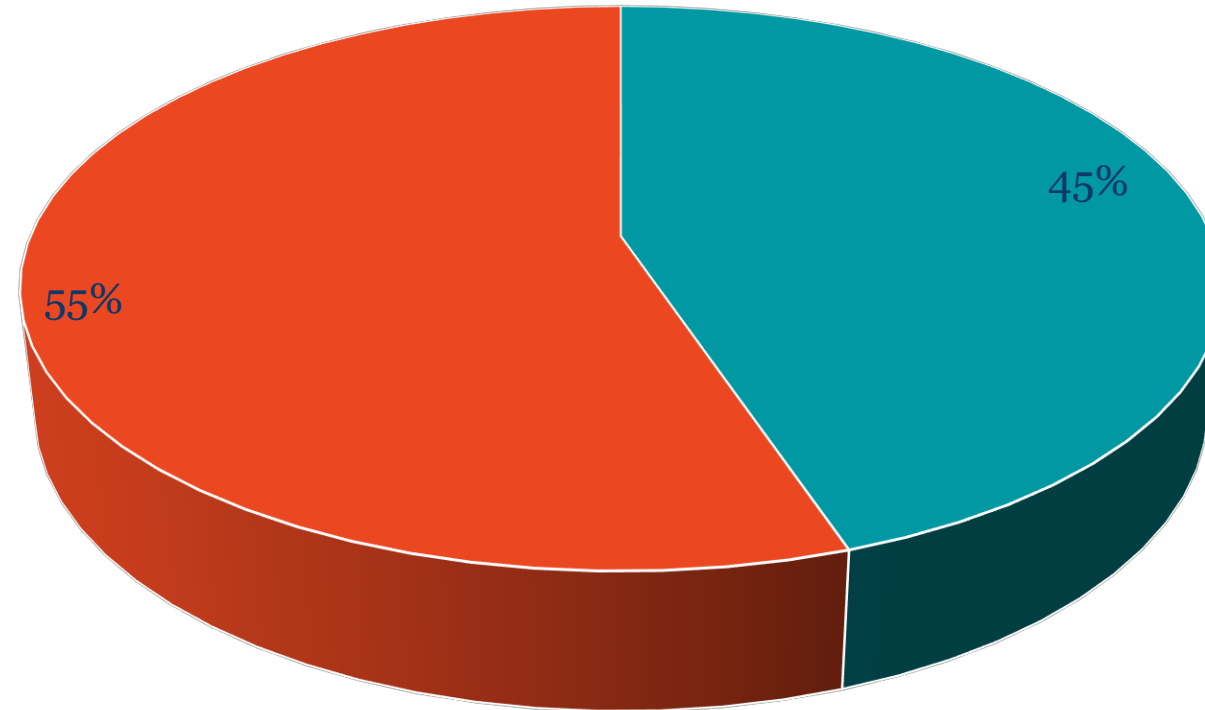
Medical Staff Board Certification*



*Stroger & Provident, Active/Provisional only

Medical Staff Demographics*

Gender

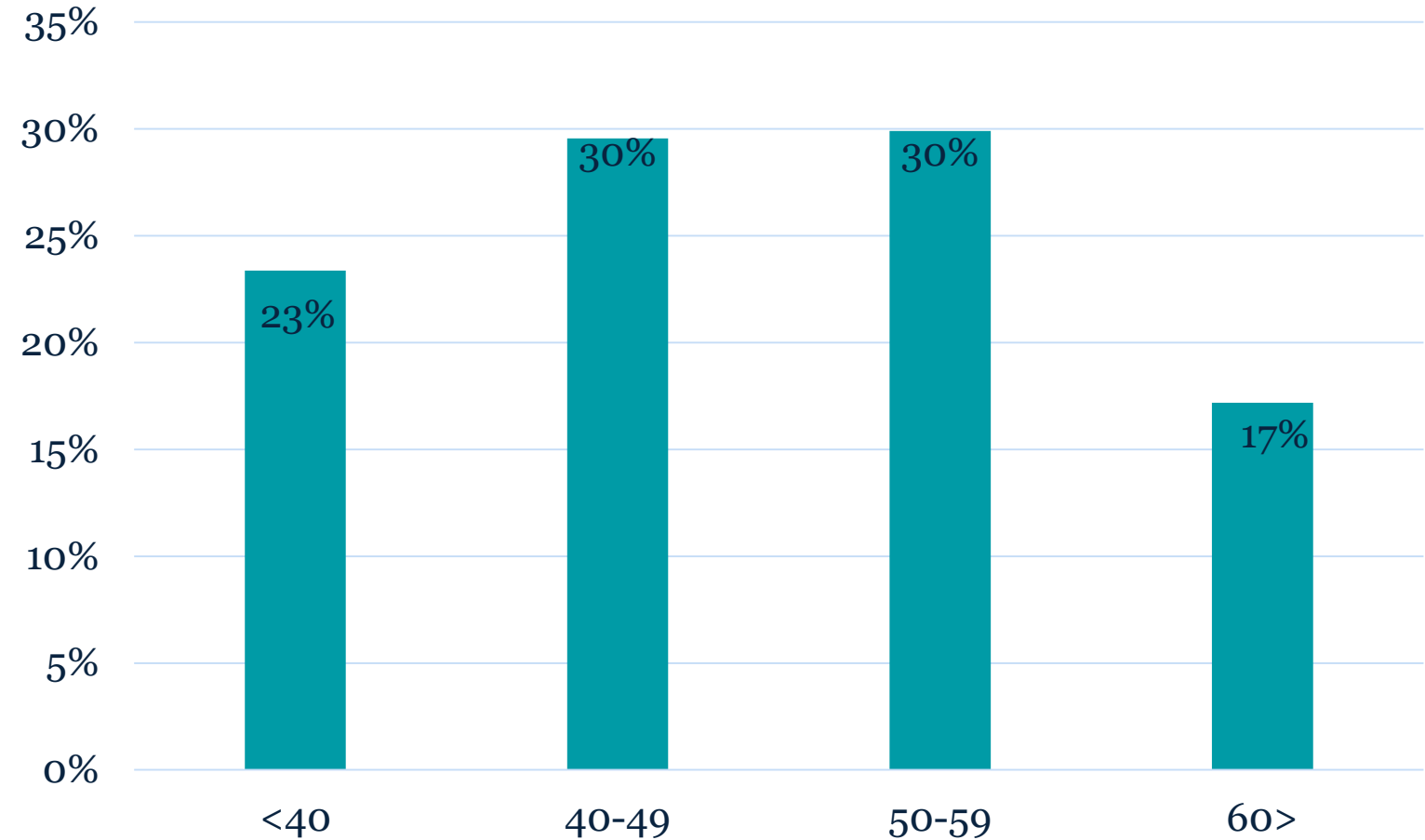


*Stroger & Provident, Active/Provisional only

■ Female ■ Male

Medical Staff Demographics*

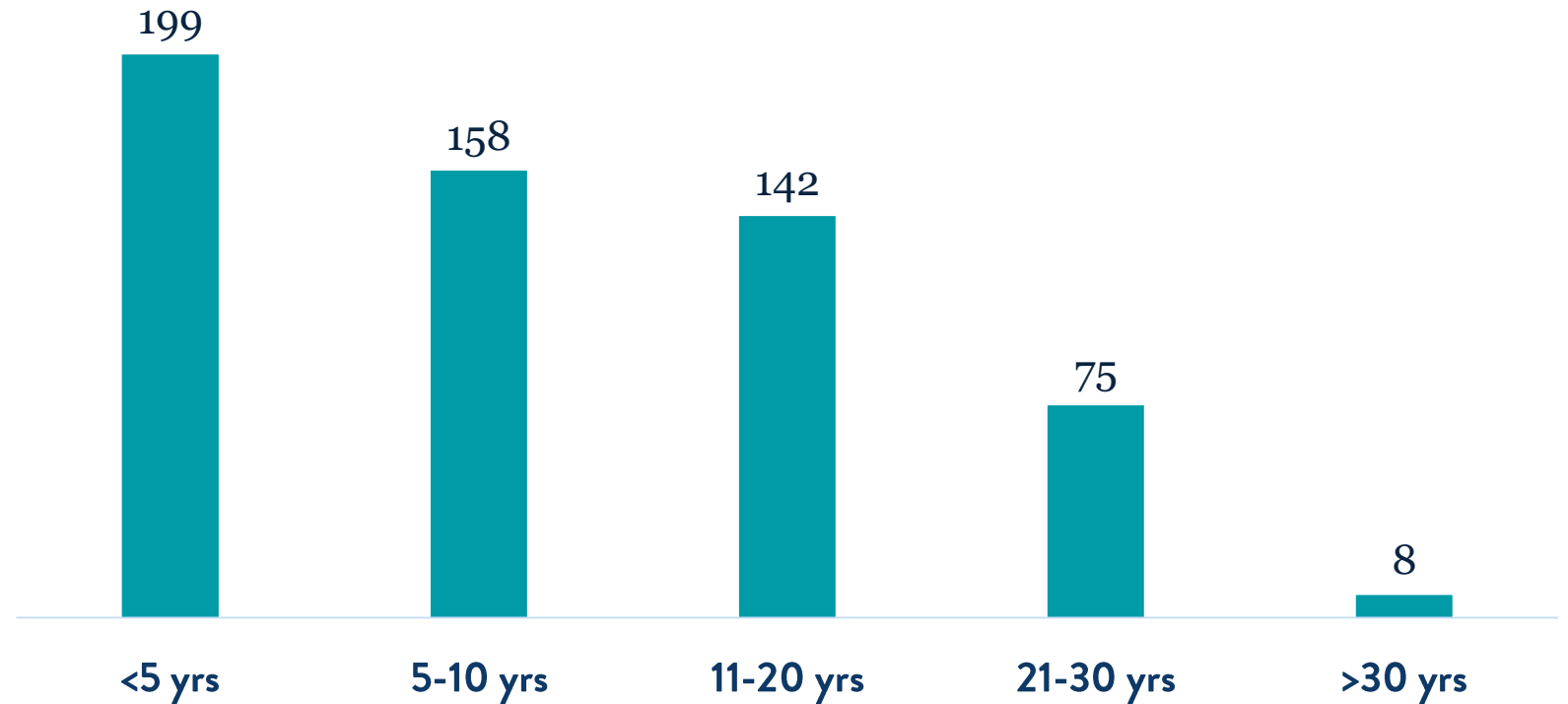
Age



*Stroger & Provident, Active/Provisional only

Medical Staff Demographics*

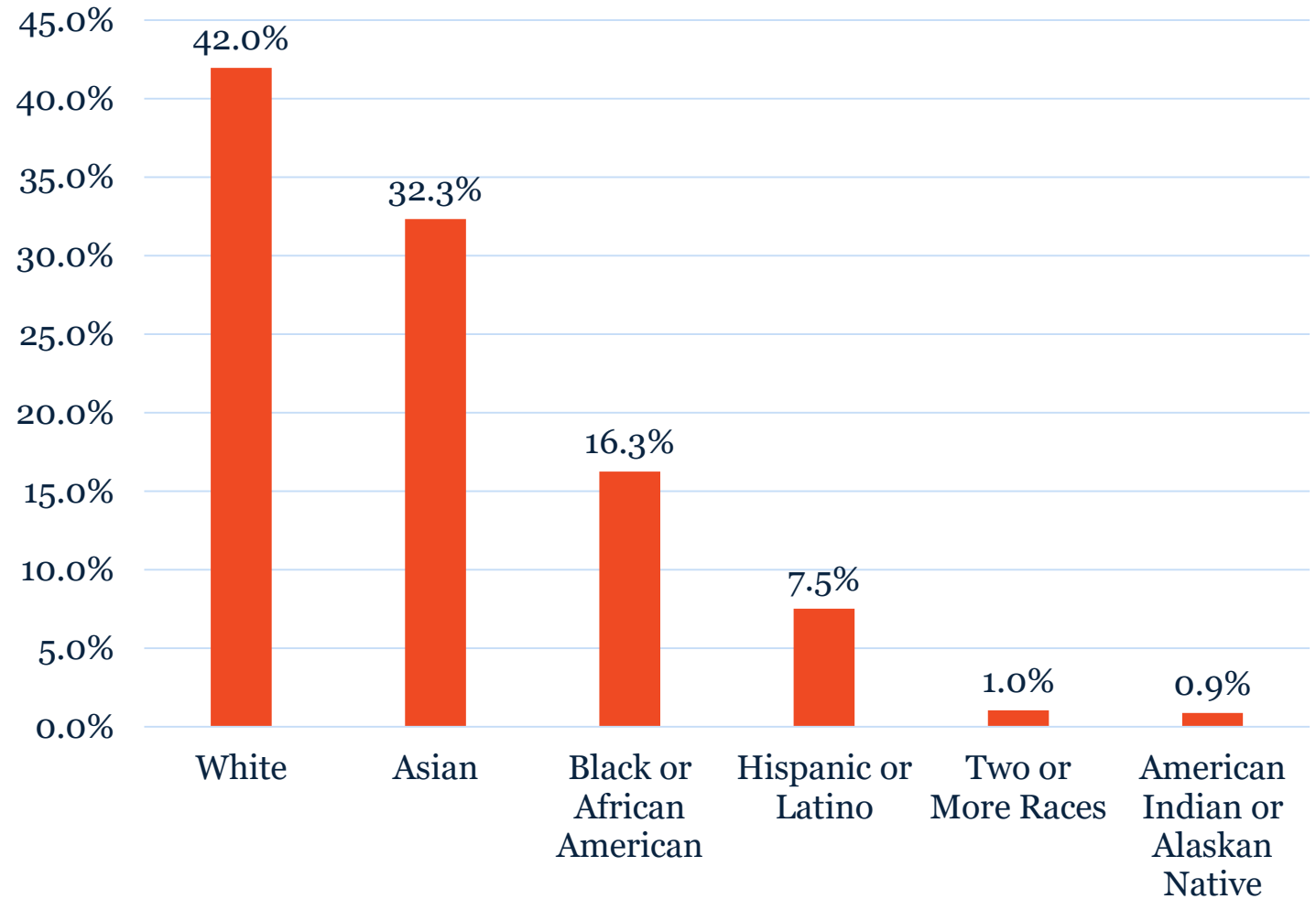
Years on Staff



*Stroger & Provident, Active/Provisional only

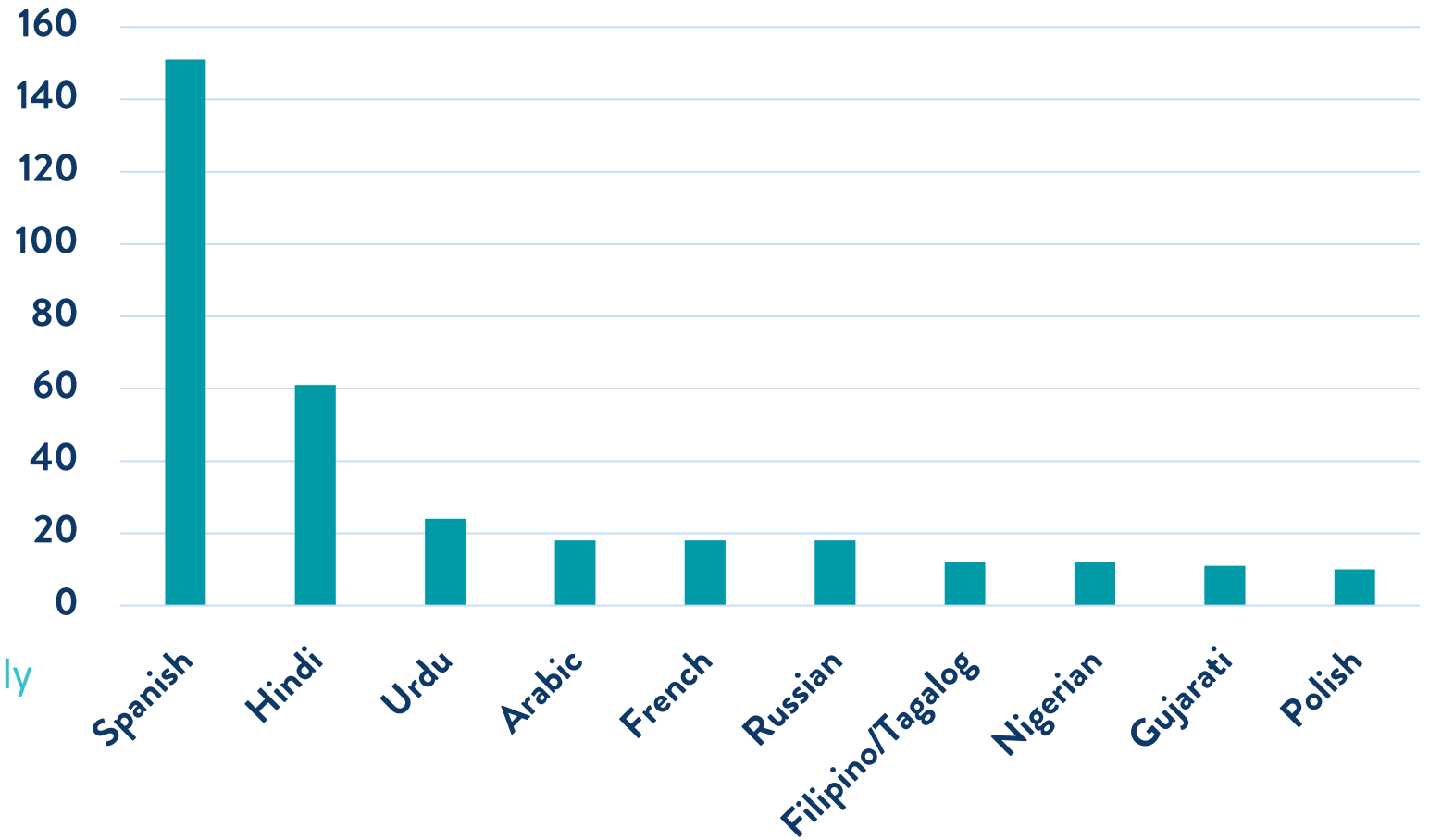
Medical Staff Demographics

Race/Ethnicity



Medical Staff Demographics*

Top Non-English Languages Spoken **



*Stroger & Provident, Active/Provisional only

**Voluntary reporting

Impact 2020 Update



Highlights: Status and Results

- Deliver High Quality Care
- Grow to Serve and Compete
- Foster Fiscal Stewardship
- Invest in Resources
- Leverage Valuable Assets
- Impact Social Determinants
- Advocate for Patients



Impact 2020

Progress and Updates

Focus Area	Name	Status
Deliver High Quality Care Grow to Serve and Compete Invest in Resources Leverage Valuable Assets	Leverage information technology initiatives such as Vizient (clinical data base) and Clairvia (nursing management system) to improve patient safety	In Progress and Ongoing
Deliver High Quality Care Grow to Serve and Compete Invest in Resources Leverage Valuable Assets	Improve the availability of and access to health care for Cook County residents. Increase utilization of operating rooms; increase volume of surgical cases	In Progress and Ongoing

Impact 2020

Progress and Updates

Focus Area	Name	Status
Deliver High Quality Care Grow to Serve and Compete	Market Cook County Health as the provider of a continuum of care with special focus on those transitioning to Medicare	In Progress and Ongoing
Deliver High Quality Care Grow to Serve and Compete	Reduce scheduling wait times for diagnostic and evaluation and management (E&M) clinic visits	In Progress and Ongoing

Impact 2020

Progress and Updates

Focus Area	Name	Status
Deliver High Quality Care Grow to Serve and Compete	Facilitate timely access to Cook County Health Specialists	In Progress and Ongoing
Deliver High Quality Care Grow to Serve and Compete Invest in Resources Leverage Valuable Assets	Attain American College of Surgeons (ACS) Level 1 Trauma Certification	In Progress

Impact 2020

Progress and Updates

Focus Area	Name	Status
Foster Fiscal Stewardship Leverage Valuable Assets	Providing coding and training support to providers to ensure they accurately capture the scope of services and complexity of patients treated	In Progress and Ongoing
Deliver High Quality Care Grow to Serve and Compete Invest in Resources Leverage Valuable Assets	Enhance safety by development of medical education safety culture and reporting	In Progress and Ongoing

Impact 2020

Progress and Updates

Focus Area	Name	Status
Deliver High Quality Care Grow to Serve and Compete Invest in Resources Leverage Valuable Assets	Develop and implement a medical staff practice plan structure	In Progress and Ongoing
Leverage Valuable Assets	Establish ambulatory clinical effort agreements for each department	In Progress
Foster Fiscal Stewardship Leverage Valuable Assets	Develop a mature relative value unit (RVU) at the department and physician level	In Progress



FY2020-2022

The Future

Environmental Scan of Market, Best Practices and Trends



COOK COUNTY
HEALTH

Multi-Specialty Practice Groups

On the rise nationally-why?

1. **Better communication among your physicians.** Seeing aligned doctors promotes collaboration and ensures more efficient care. Medical groups utilize a common EHRs that facilitate sharing of information. Improved communication helps improve outcomes.
2. **Access to new treatments and technology.** Not only will do MSPGs provide access to additional physicians and experts, but increased access to new treatments and technologies as well. Integrated medical groups combine the assets of a particular health care organization.
3. **Coordinated care.** Integrated medical groups employ physicians who practice in hospital and ambulatory settings, mitigating potential disruption in care when being admitted or discharged. Working as a team improves efficiency and quality.
4. **Higher standards of quality monitoring.** Integrated medical groups have more resources to devote to monitoring and improving the care provided.
5. **Additional clinical resources.** As part of a broader health system, physicians in an integrated group can draw on a wider array of clinical services. These may include things like home care, diabetes education, smoking cessation, cardiac rehabilitation, and others. It's no longer just visiting your doctor when you are sick.



SWOT Analysis

Strengths, Weaknesses, Opportunities and Threats



COOK COUNTY
HEALTH

SWOT Analysis

Strengths

- Medical staff committed to CCH mission
- Medical staff experience/expertise
- Comprehensive clinical services
- Sensitivity to patient needs

Weaknesses

- Lack of job title specificity
- Incentive structure
- Relative value unit measurement (industry standard)

Opportunities

- Clinical documentation improvement
- Practice plan structure
- Incentive structure
- Quantified performance measures

Threats

- Medical staff turnover (retirement, competitive market)
- Medical staff burnout
- Salary structure not market aligned



FY2020-2022

Medical Staff Focus: Quality of Care and Patient Safety



COOK COUNTY
HEALTH

Deliver High Quality Care

FY2020-2022 Strategic Planning Recommendations

- Operationalize high reliability methodologies
- Interdisciplinary programs
- Expansion of community-based specialty services
- Continue to leverage information technology to improve patient safety

Grow to Serve and Compete

FY2020-2022 Strategic Planning Recommendations

- Retention of Medicare population
- Access to care strategies
- Clinical effort standardization

Foster Fiscal Stewardship

FY2020-2022 Strategic Planning Recommendations

- Documentation improvement: ongoing provider education and feedback
- Charge capture

Invest in Resources

FY2020-2022 Strategic Planning Recommendations

- Incentives program
- Continued precision/specificity to job titles and job descriptions
- Analyze/maximize utilization and deployment of Advanced Practice Providers

Leverage Valuable Assets

FY2020-2022 Strategic Planning Recommendations

- New interdisciplinary programs/services
- Develop multi-specialty group practice structure

Impact Social Determinants/Advocate for Patients

FY2020-2022 Strategic Planning Recommendations

- Innovations to assist in services to patients in areas poorly served by public transportation, including telemedicine and care coordination

Thank you.



Impact 2020 Update

Status and Results Addendum: Medical Staff



COOK COUNTY
HEALTH

Impact 2020

Progress and Updates

Focus Area	Name	Status
Deliver High Quality Care Grow to Serve and Compete Invest in Resources Leverage Valuable Assets	Strengthen pediatric services by increasing activity, developing partnerships, retaining pediatric patients and identifying kids at risk	In Progress
Deliver High Quality Care Grow to Serve and Compete Invest in Resources Leverage Valuable Assets	Resume psychiatric consulting services in the Emergency Department	In Progress

Impact 2020

Progress and Updates

Focus Area	Name	Status
Deliver High Quality Care Grow to Serve and Compete Invest in Resources Leverage Valuable Assets	Identify new and additional Centers of Excellence	Complete
Deliver High Quality Care Grow to Serve and Compete Invest in Resources Leverage Valuable Assets	Demonstrate value of undergraduate and graduate medical education and academic affiliations to the organization by analysis of costs, returns, pipeline to workforce and facilitation of Cook county Health mission.	In Progress

Impact 2020

Progress and Updates

Focus Area	Name	Status
Deliver High Quality Care Grow to Serve and Compete Invest in Resources Leverage Valuable Assets	Recruit, hire and retain the best employees who are committed to the Cook County Health mission	Ongoing
Deliver High Quality Care Grow to Serve and Compete Invest in Resources Leverage Valuable Assets	Identify areas for formalized interdisciplinary services	In Progress